

# **Business Meeting of the Board of Directors**

**Thursday 07 May 2020**

**Session in public  
11:00 – 12:30**

**(via video conference)**



## MEETINGS OF THE BOARD OF DIRECTORS: May 2020

### Members (voting):

Chair	-	Beryl Hobson
Senior Independent Director	-	Gary Needle
Non-Executive Directors	-	Paul Dillon-Robinson
	-	Kevin Gould
	-	Karen Norman
Chief Executive:	-	Steve Jenkin
Medical Director	-	Keith Altman
Director of Nursing	-	Jo Thomas
Director of Finance and performance	-	Michelle Miles

### In full attendance (non-voting):

Director of Operations	-	Abigail Jago
Director of Workforce & OD	-	Geraldine Opreshko
Director of Communications and Corporate Affairs	-	Clare Pirie
Deputy Company Secretary (minutes)	-	Hilary Saunders
Lead governor	-	Peter Shore



## Annual declarations by directors 2020/21

### Declarations of interests

As established by section 40 of the Trust's Constitution, a director of the Queen Victoria Hospital NHS Foundation Trust has a duty:

- to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the foundation trust.
- not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- to declare the nature and extent of any relevant and material interest or a direct or indirect interest in a proposed transaction or arrangement with the foundation trust to the other directors.

To facilitate this duty, directors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the director has no interests to declare (a 'nil return'). Directors must request to update any declaration if circumstances change materially. By completing and signing the declaration form directors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Deputy Company Secretary.

## Register of declarations of interests

Relevant and material interests							
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
Non-executive and executive members of the board (voting)							
Beryl Hobson Chair	<ul style="list-style-type: none"><li>Director: Professional Governance Services Ltd</li><li>Director, Longmeadow Views Management Co Ltd</li></ul>	Part owner of Professional Governance Services Ltd	NA	Nil	PGS charity clients may contract with NHS organisations, (not QVH)	Nil	Nil
Paul Dillon-Robinson Non-Executive Director	Nil	Nil	Nil	<ul style="list-style-type: none"><li>Trustee of Hurstpierpoint College</li><li>Trustee of the Association of Governing Bodies of Independent Schools</li></ul>	Independent consultant working with Healthcare Financial Management Association (including NHS operating game, HFMA Academy and Best possible value facilitator)	Nil	Nil
Kevin Gould Non-Executive Director	<ul style="list-style-type: none"><li>Director, Sharpthorne Services Ltd.</li><li>Director CIEH Ltd</li></ul>	Nil	Nil	<ul style="list-style-type: none"><li>Trustee and Deputy Chair, Chartered Institute of Environmental Health</li><li>Independent member of the Board of Governors at Staffordshire University</li><li>Independent Member of the Audit &amp; Risk Committee at Grand Union Housing Group</li><li>Director, Look Ahead care and support</li></ul>	Nil	Nil	Nil

<b>Gary Needle</b> Non-Executive Director	• Director, T& G Property Ltd	Nil	Nil	Chair of Board of Trustees at East Grinstead Sports Club Ltd (registered sport and lifestyle activities charity)	Nil	Nil	Nil
<b>Karen Norman</b> Non-Executive Director	Nil	Nil	Nil	Visiting professor, school of nursing, Kingston University & St Georges, University of London  Visiting professor, Doctorate in management programme, complexity and management group, business school, University of Hertfordshire	Nil	Nil	Nil
<b>Steve Jenkin</b> Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Keith Altman</b> Medical Director	Director, Maxfac Medical Ltd	Director, Maxfac Medical Ltd	Nil	Nil	Nil	Nil	
<b>Michelle Miles</b> , Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Jo Thomas</b> Director of Nursing	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Other members of the board (non-voting)</b>							
<b>Abigail Jago</b> Director of operations	Nil	Nil		Nil	Nil	Nil	Nil
<b>Geraldine Opreshko</b> Director of HR & OD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Clare Pirie</b> Director of Communications & Corporate Affairs	Nil	Nil	Nil	Nil	Nil	Nil	Nil

## Fit and proper person declarations

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the regulations"), QVH has a duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH directors confirm their awareness of any facts or circumstances which prevent them from holding office as a director of QVH NHS Foundation Trust.

## Register of fit and proper person declarations

Categories of person prevented from holding office							
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
<b>Non-executive and executive members of the board (voting)</b>							
<b>Beryl Hobson</b> Chair	NA	NA	NA	NA	NA	NA	NA
<b>Paul Dillon-Robinson</b> Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
<b>Kevin Gould</b> Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
<b>Gary Needle</b> Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
<b>Karen Norman</b> Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
<b>Keith Altman</b> Medical Director	NA	NA	NA	NA	NA	NA	NA
<b>Michelle Miles</b> Director of Finance	NA	NA	NA	NA	NA	NA	NA
<b>Jo Thomas</b> Director of Nursing	NA	NA	NA	NA	NA	NA	NA
<b>Other members of the board (non-voting)</b>							
<b>Abigail Jago</b> Director of operations	NA	NA	NA	NA	NA	NA	NA
<b>Geraldine Opreshko</b> Director of HR & OD	NA	NA	NA	NA	NA	NA	NA
<b>Clare Pirie</b> Director of Communications & Corporate Affairs	NA	NA	NA	NA	NA	NA	NA

**Business meeting of the Board of Directors**  
**Thursday 07 May 2020**  
**11:00 – 12:30**  
**via web conference**

Agenda: session held in public			
Welcome			
70-20	<b>Welcome, apologies and declarations of interest</b> <i>Beryl Hobson, Chair</i>		
Standing items		Purpose	Page
71-20	<b>Draft minutes of the meeting held on 05 March 2020.</b> <i>Beryl Hobson, Chair</i>	<i>approval</i>	1
72-20	<b>Matters arising and actions pending</b> <i>Beryl Hobson, Chair</i>	<i>review</i>	9
73-20	<b>Chief executive's report</b> <i>Steve Jenkin, Chief executive</i>	<i>assurance</i>	10
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
74-20	<b>Board Assurance Framework</b> <i>Jo Thomas, Director of nursing, and</i> <i>Keith Altman, Medical director</i>	<i>assurance</i>	25
75-20	<b>Quality and governance assurance</b> <i>Karen Norman, Non-executive director</i>	<i>assurance</i>	27
76-20	<b>Corporate risk register (CRR)</b> <i>Jo Thomas, Director of nursing</i>	<i>review</i>	31
77-20	<b>Quality and safety report</b> <i>Jo Thomas, Director of nursing, and</i> <i>Keith Altman, Medical director</i>	<i>assurance</i>	37

Key strategic objectives 3 and 4: operational excellence and financial sustainability			
78-20	<b>Board Assurance Framework</b> <i>Abigail Jago, Director of operations and Michelle Miles, Director of finance</i>	assurance	50
79-20	<b>Financial, operational and workforce performance assurance</b> <i>Paul Dillon-Robinson, Committee chair</i>	assurance	52
80-20	<b>Operational performance</b> <i>Abigail Jago, Director of operations</i>	assurance	55
81-20	<b>Financial performance</b> <i>Michelle Miles, Director of finance</i>	assurance	64
Key strategic objective 5: organisational excellence			
82-20	<b>Board assurance framework</b> <i>Geraldine Opreshko, Director of workforce and OD</i>	assurance	75
83-20	<b>Workforce monthly report</b> <i>Geraldine Opreshko, Director of workforce and OD</i>	assurance	76
Governance			
84-20	<b>NHS Provider licence conditions</b> <i>Clare Pirie, Director of Comms</i>	approval	85
85-20	<b>Audit committee assurance update</b> <i>Kevin Gould, Committee chair</i>	assurance	89
Any other business (by application to the Chair)			
86-20	<i>Beryl Hobson, Chair</i>	discussion	-
Questions from members of the public			
87-20	<i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to <a href="mailto:Hilary.Saunders1@nhs.net">Hilary.Saunders1@nhs.net</a> clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i> <i>Beryl Hobson, Chair</i>	discussion	-



Document:	Minutes (Draft & Unconfirmed)	
Meeting:	<b>Board of Directors (session in public)</b> <b>Thursday 5 March 2020, 10:00 – 13:00, Education Centre, QVH site</b>	
Present:	Beryl Hobson (BH)	Trust Chair (voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
	Gary Needle (GN)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
	Lucy Owens (LO)	Interim Director of finance (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT)	Director of Nursing <b>[Items: 42-20 to 54-20]</b>
	In attendance:	Hilary Saunders (HS)
Jeremy Collyer (JC)		Deputy medical director
Peter Shore (PS)		Lead governor
Nicky Reeves (NR)		Deputy director of nursing <b>[Items 33-20 to 43-20]</b>
Apologies:	Michelle Miles (MM)	Director of finance
	Keith Altman (KA)	Medical director
Public gallery:	One member of the Council of Governors, 2 members of the Care Quality Commission	
Standing items		
33-20	<b>Welcome, apologies and declarations of interest</b> BH opened the meeting and welcomed LO as interim Director of Finance and JC as Deputy medical director.  NR was representing JMT for early part of the meeting.  Apologies were noted as above. There were no new declarations of interest.	
34-20	<b>Patient story</b> A patient joined the meeting to describe his experience following recent treatment at the Burns Assessment Unit. He was accompanied by the Patient experience manager and Burns unit matron,  The patient described his entire experience in very positive terms, in particular the high level of clinical care, calm re-assurance and ongoing treatment provided by staff. He expressed thanks for the care he received, noting that his injuries had now almost completely healed.  The Chair stated it was always gratifying to read such comments, noting it was assuring to know that our hospital had created such an impact; and agreed to write to thank the teams concerned on behalf of the Board.  BH asked the patient to consider and feedback on areas where his experience might have been improved. In the meantime, she thanked him for taking the time to attend this morning's meeting.	
35-20	<b>Draft minutes of the meeting held in public on 09 January 2020</b> The draft minutes of the meeting held on 9 January were <b>approved</b> as an accurate record, subject to the following amendment: Item 2.20 should read <i>‘a strategic priority under consideration for the 2020/21 Quality report was a review of the hand trauma pathways’</i> .	

36-20	<p><b>Matters arising and actions pending</b></p> <p>The Board received the latest version of the matters arising and actions pending. This included an update on 7-day services from JC who, following a meeting with the 7DS team, felt there was a desire to work with the Trust to produce an audit that was relevant to QVH enabling a more realistic achievement of compliance.</p>
37-20	<p><b>Chair's report</b></p> <p>The Board received the Chair's update. BH asked the Board also to note that she had recently been involved in the appointment of new histopathologist consultant. She advised that either she or the Senior Independent Director would always chair consultant appointment panels as this ensured a stringent process whilst assessing candidates for their values as well as their clinical expertise.</p> <p>BH asked the CEO for an update following his recent letter to the Mims Davies, (MP for Mid Sussex), setting out the case for funding for a full time MRI scanner. Although the initial response had not been particularly favourable, SJ had sought additional clarity around what funding might be available and was awaiting a response. In the meantime, the Trust would continue to lease an MRI scanner from April 2020.</p> <p>There were no further comments and the Board noted the contents of the update</p>
38-20	<p><b>Chief executive's report</b></p> <p>SJ presented his regular update to the Board, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Scores for the overall BAF remained the same, the key risks to financial sustainability being underperformance against income plan, cost improvement plan and the underlying financial deficit.</li> <li>• Coronavirus (COVID-19): This continued to be a rapidly changing situation; the first confirmed cases of coronavirus in England were in Brighton and partners within Sussex Health and Care Partnership had worked collaboratively to support patients and primary care. An assessment pod was open on the QVH site with effect from today but testing was on a strict appointment basis with patients advised to phone NHS 111 rather than attend site. The Trust would continue to ensure it had appropriate facilities for patient assessment if needed. In response to questions raised by the Board SJ advised that whilst establishment of the pod was funded by QVH, costs were being captured so they could be reported nationally; it was hoped there would be central agreement with regard to underwriting costs. The Board noted there had already been an impact on certain supplies but this was now being managed nationally. In line with the pandemic flu plan, staffing would be managed as much as possible within current resources; however, the Board was reminded that QVH was not working in isolation but as part of a larger system.</li> <li>• SJ welcomed LO as Interim Director of Finance for a period of six weeks to cover the absence of MM. Since the last meeting, the Trust had submitted a reforecast of its plan. The Board was aware of challenges of reduced income; a significant challenge had been the lower number of additional theatre sessions the Trust had been able to manage; last year we fulfilled 708 extra sessions whilst this year (to the end of January) the figure was just 372. This is because of the ongoing pensions tax issue impacting on our consultant workforce.</li> <li>• Lucy Hall, burns unit deputy matron, has flown out to New Zealand for a month to help fellow nurses who continue to treat patients who were severely injured in the volcanic eruption.</li> <li>• An event was scheduled for Friday 6 March at which we would be discussing future clinical strategy with our commissioners.</li> <li>• The unprecedented rain in recent months had created major challenges on the aging site, however, of significant concern was the major theatres roof, which was only six years old. Works are under warranty and scheduled for completion in early March.</li> </ul>

	<ul style="list-style-type: none"> <li>• Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT) is to retire in September 2020. SJ noted the significant improvement and progress at ESHT during his tenure there. (Board members were reminded that Dr Bull was previously CEO of QVH between 2008 and 2013).</li> <li>• The Sussex Health and Care Partnership (SHCP) has been working to become an ICS from April 2020 in line with the Government's Long Term Plan.</li> <li>• A new publication from NHS Providers on specialised services described the key role they would play in developing the long-term plan, but also highlighted particular challenges.</li> <li>• Good media coverage had been achieved by the Trust again, as highlighted in the media update.</li> </ul> <p>The Board considered the contents of the report, noting in particular:</p> <ul style="list-style-type: none"> <li>• Whilst 88% of staff had stated that they believed care of patients/service users was the organisation's top priority, the Trust was not complacent and would continue to aim for over 90% in the future. The Board commended the team on the significant improvements achieved under its key strategic objective 5 (organisational excellence).</li> <li>• The specialist services report drew attention to the CEO of a specialist orthopaedic hospital who had highlighted the ongoing pension issue which was undermining long-term workforce strategy for specialised surgeons; this strongly resonated with our own findings.</li> </ul> <p>There were no further comments and the Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services</b>	
<b>39-20</b>	<p><b>Board Assurance Framework</b></p> <p>KSO1: No changes to current ratings. International recruitment programme continued to be extremely successful. Additional assurance was provided through the results of the 2019 Picker inpatient survey.</p> <p>KSO2: Whilst there had been a positive response to the radiology medical staffing vacancy, orthoplastic recruitment had been less successful so would go back out to advert shortly.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the update.</p>
<b>40-20</b>	<p><b>Quality and governance assurance</b></p> <p>The Board received the quality and governance assurance report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> <li>• Whilst there had been a slight increase in the number of formal complaints received compared to last year, incidents had not been attributed to any specific area.</li> <li>• The Board was assured that despite recent fluctuations in compliance for MRSA screening, the Infection and prevention control team remained vigilant. It was also noted that the red/green metric allowed no margin for error.</li> </ul> <p>There were no further questions and the Board <b>noted</b> the contents of the update.</p>
<b>41-20</b>	<p><b>Corporate risk register (CRR)</b></p> <p>NR summarised the key changes to the corporate risk register this period as follows:</p> <ul style="list-style-type: none"> <li>• Three new risks added: <ul style="list-style-type: none"> <li>• Significantly reduced Consultant Histopathologist cover</li> <li>• Lack of Failsafe Officer</li> <li>• Understaffing within Appointments Team.</li> </ul> </li> <li>• Three risks had been scored: <ul style="list-style-type: none"> <li>• Canadian Wing staffing risk reduced due to an increase in number of staff recruited</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Risk rating for inadequate Consultant Radiologist cover increased due to planned additional cover being no longer available.</li> <li>• Whilst the risk rating for the Site Team staffing had been reduced during this period, it would revert next period due to further changes.</li> </ul> <p>The corporate risk relating to problems with the environmental temperature control in the histopathology laboratory had been closed following installation of air-conditioning. Additional assurance was found in this month's operational report which showed an improvement in this area.</p> <p>The Board sought assurance as to the potential impact on patient experience of the lack of a Failsafe officer; AJ described mitigations in place to manage this but acknowledged that not having a dedicated post in place was a challenge. GIRFT recommended every ophthalmology department have a dedicated Failsafe Officer to reduce risks of patients being lost to follow up and of undue delays to follow up appointments. AJ would put in place a manual process to address this. <b>[Action: AJ]</b></p> <p>Whilst the Appointments team leader post had been recruited, challenges within the team would continue until the candidate took up post in a month's time.</p> <p>Noting that eight corporate risks were all staff related, it was agreed that the Finance and performance committee would consider how to capture the impact of this on performance at its next meeting <b>[Action: PDR]</b> Staffing was also an area that was closely monitored at Q&amp;GC.</p> <p>The Board sought assurance in respect of the risk relating to the current PACS contract, (due to finish in June). SJ reported that work on agreeing a two-year extension was progressing well and a report would be considered at EMT shortly. QVH would include this as a cost pressure next year.</p>
42-20	<p><b>Quality and safety report</b></p> <p>The Board received the Quality and safety report. NR drew particular attention to:</p> <ul style="list-style-type: none"> <li>• The section on coronavirus planning</li> <li>• Additional information (as requested by the Board recently) regarding flu vaccination 'opt-out'. QVH achieved 72% this year, but next year there was likely to be more focus on front line staff and less option for 'opt-out'</li> </ul> <p>The Board sought and received additional clarification around the reasons given for opt out and queried whether the current coronavirus situation might affect uptake rates next year.</p> <p>JC directed the Board to the Trust's approach to new medical examiner guidance noting that QVH would become one of BSUH's 'designated sites'. As referenced under item 39-20, JC reported that three QVH/BSUH linked consultant orthoplastic posts would be going out again for advert, with the expectation that the successful candidates would take up post late summer.</p> <p>The Board considered the report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> <li>• With reference to the clinical-harm review meetings, JMT explained that the clinical metric for harm is used universally and deterioration measured against the outcome that would have been expected. Whilst patients had waited longer than expected, they had been triaged appropriately.</li> <li>• The medical examiner guidance was a new process designed to provide additional assurance that nothing further could have been done to prevent a patient death. As a standalone site, implementation would have been difficult for QVH but partnership working would ensure a rigorous process.</li> </ul>

Key strategic objectives 3 and 4: operational excellence and financial sustainability	
43-20	<p><b>Board assurance framework</b></p> <p>KSO3: AJ advised there had been no changes to the current risk ratings. The risk around orthodontic workforce vacancy would be removed as this had now been filled.</p> <p>KSO4: LO reminded the Board that the current risk rating remained at 25 reflecting the position the Trust had been in for some time.</p> <p>There were no comments and the Board <b>noted</b> the contents of the updates.</p>
44-20	<p><b>Financial, operational and workforce performance assurance</b></p> <p>The Board received the financial, operational and workforce performance assurance. The Board sought and received additional assurance with respect to service line reporting and plans to address those areas where contribution to overheads was lowest. Assurance was given that this was being built into the business planning process for 2020/21 but would also be reviewed as part of partnership working and how services would be delivered in the future.</p> <p>There were no comments and the Board <b>noted</b> the contents of the updates.</p>
45-20	<p><b>Operational performance</b></p> <p>AJ presented the operational performance report. The board noted that the future reports would be streamlined, with much of the current detail moved to appendices to make this more accessible to the reader.</p> <p>AJ directed the Board in particular to the following:</p> <ul style="list-style-type: none"> <li>52-week position; this target was a national priority. The number of patients waiting beyond 52-weeks had increased due to ongoing challenges with patient choice protocols (of 19 patients outstanding, 13 wished to defer treatment). Theatre sessions were being carefully managed with an aspiration to reach single figures for March, but AJ reiterated that this would be dependent upon the outcome of individual patients and this could not be guaranteed. SJ reminded the Board that the NHS Improvement Intensive support team was satisfied with the Trust's operational grip and whilst fortnightly calls were still being held with the regulator, there was a general recognition that the Trust was unable to do anything further to eliminate patients from its waiting list.</li> <li>A review of cancer targets was currently underway; the final target had yet to be confirmed but would be somewhere between 70%-85%, with phased increases in subsequent years. Details of the faster diagnosis standards were contained within the narrative of the report.</li> </ul> <p>The Board considered the contents of the update seeking additional clarification as follows:</p> <ul style="list-style-type: none"> <li>A deep dive into 2-week waits was now complete. This had highlighted an increase in referrals at Medway but a dip in referrals to QVH, correlating with activity income. The Trust was currently developing a cancer sustainability plan to address challenges with capacity management in this area.</li> <li>Ophthalmology was delivering over 100% efficiencies, achieved by overbooking and taking into account DNA attrition rates. This was not standard practice at QVH and whilst there was a risk that some patients may have to wait longer to date, this had not been reflected in patient experience reports. Whilst not appropriate for all services, in certain cases it would enable better flexibility around managing capacity and demand. The current process would be revisited once two-way text messaging was in place.</li> </ul>
46-20	<p><b>Financial performance</b></p> <p>LO presented the financial performance reporting highlighting in particular:</p>



	<ul style="list-style-type: none"> <li>• The current position was consistent with the Trust's revised Forecast Outturn deficit of £9.4m (submitted to NHSEI.). Some risk remained around activity which was being managed as closely as possible and other measures included deferring non-essential spend.</li> <li>• CIP performance now £600k behind target; in the event, the Trust had not been given the additional support from NHSI that it had been offered and this gap was part of the projected shortfall. Assurance was given that next year's CIP plan would not carry forward the additional £600k.</li> <li>• MO10 capital plan YTD is £180k behind. There is now an active management plan in place to bring forward schemes for next year in order to deliver this year's plan, eg. medical equipment where no formal tender process is required.</li> </ul> <p>The Board discussed how far slippages in the plan had been as a result of the problems with the theatre roof. LO explained that the impact was predominantly due to capacity of Estates team and the time taken in tendering for medium to large schemes. In response to a query, the Board was also reminded that the telephony project had been postponed because funding for Windows-10 and EMD schemes had taken priority.</p> <p>SJ reminded the Board that the organisation had also completed the dental skills lab within very tight time scales, and was managing an additional £400k investment for cyber security, and so overall was satisfied with the capital position at present.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objective 5: organisational excellence</b>	
47-20	<p><b>Board assurance framework</b></p> <p>The Board received the latest BAF for KSO5, noting the only change was with regard to the 2019 staff survey results.</p>
48-20	<p><b>Workforce monthly report</b></p> <p>GO presented the latest workforce report, highlighting:</p> <ul style="list-style-type: none"> <li>• Key performance indicators showing significant gains in attraction and retention over the last 18-months; however, there was no room for complacency as the wider NHS had not experienced similar improvements and the benefits of the recently introduced nursing bursary would take around three years to become apparent.</li> <li>• The international recruitment programme had been very successful. Additional staff were due to join shortly but many were travelling from abroad, so this would be dependent upon the coronavirus situation. The Trust was keen to maintain its relationship with Yeovil and a proposal was underway to extend the international recruitment campaign, given projections of turnover and vacancy levels for 2020/21.</li> <li>• The annualised rolling turnover position had slightly increased from last month, but this was expected at this time of the year.</li> <li>• Whilst there had been improvements in the use of temporary staff, numbers could soon increase again as a result of coronavirus. Notwithstanding medical workforce, a significant fall in the use of agency staff over the last 12-months was noted.</li> <li>• Completion of the dental skills lab and simulation suite, which would enhance attraction and retention.</li> </ul> <p>In response to a question, the Board was assured of the robust processes in place to ensure full compliance with information governance training; once compliant steps would be taken to ensure this impetus was not lost.</p> <p>The Board noted that there had been some resistance in rolling out the HSE stress audit tool. GO described some of the challenges due to timing, where initial roll out had coincided with</p>

	<p>other surveys. However, a significant number of teams were now booked to start and some interesting data had already emerged which would inform recruitment and retention strategy.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the report.</p>
<b>49-20</b>	<p><b>Best place to work</b></p> <p>The Board received a synopsis of the 2019 NHS staff survey results formally published last month. GO advised that presentation of the survey had remained largely consistent with last year and was based around 11 key themes (with Team Working new for 2019). QVH had shown considerable improvement across the board particularly in relation to staff recommending QVH as a place to work. More staff than previously recorded had responded and headlines included:</p> <ul style="list-style-type: none"> <li>• Of the 90 questions asked, 12 responses were significantly better, 76 had no significant difference and two were significantly worse than in the previous year.</li> <li>• Significant improvement over the last two years (around 15%) in 'best place to work' reflecting work undertaken by the Trust on staff engagement.</li> <li>• 88% of staff had scored 'Care of patients/service users' as the organisation's top priority, a slight improvement on last year and in recognition of the recent CQC results.</li> <li>• Whilst it was difficult to benchmark given specialist services are different by their nature, when compared with a group of 14 specialist acute trusts, overall QVH scores were above average. However, the Trust scored below average on bullying and harassment. It was noted that staff had indicated an awareness of the zero tolerance policy towards bullying but were clearly not prepared to report this in some cases.</li> <li>• QVH had previously struggled with staff engagement scores, but this year we had shown continued improvement particularly in relation to recommending the organisation as a place to work (from 63% to 72%).</li> <li>• Areas of improvement, and those requiring development.</li> <li>• The Best Place to Work initiative would continue in order to gain insight into staff views on working at QVH</li> </ul> <p>The Board considered the contents of the report noting as follows:</p> <ul style="list-style-type: none"> <li>• That whilst it was gratifying to see such improvement, consideration should be given to how best to engage with the 40% of staff who had not responded to the survey.</li> <li>• Additional questions would be included in the staff friends and family test around bullying and harassment to triangulate with the staff survey findings.</li> <li>• Despite the increased response rate, more work was required around engagement with medical staff as current representation was insufficient.</li> <li>• Recommendations and next steps would be monitored by the Finance and performance committee, which would seek assurance that management were reviewing results for their areas and taking appropriate action.</li> </ul> <p>There were no further questions and the Chair thanked everyone for their contribution towards achieving these improvements.</p>
<b>Governance</b>	
<b>50-20</b>	<p><b>QVH Partnership Development Board terms of reference</b></p> <p>SJ presented the terms of reference, which had been drafted to enable establishment of the QVH Partnership Development Board (QVHPDB); this would be constituted under the authority of the Boards of QVH and WSHT. At the first meeting of QVHPDB the draft ToRs had been carefully considered and were now presented to the QVH board for approval. In response to points of clarification, it was confirmed that:</p> <ul style="list-style-type: none"> <li>• Although membership currently comprised Western and QVH at this stage, QVH was cognisant of the need for BSUH to be present at meetings.</li> <li>• Minutes and/or a summary report of the matters considered at each meeting would be circulated on a timely basis.</li> </ul>

	There were no further comments and the Board <b>approved</b> the terms of reference.
<b>51-20</b>	<p><b>Board effectiveness review</b></p> <p>CP presented a report combining several pieces of information previously reviewed in a format which could evidence board performance over the last year. She asked the board to note in particular:</p> <ul style="list-style-type: none"> <li>• The 'adopt a chair' initiative referenced in the report had not in fact been implemented;</li> <li>• Further consideration was required as to the skills needed for the increased level of partnership working and for potentially working as part of a hospital group.</li> <li>• Inclusion of the recommendation for annual review and approval of the board sub-committee terms of reference.</li> </ul> <p>The Board considered the report seeking additional clarification as follows:</p> <ul style="list-style-type: none"> <li>• The wording to describe delivery of the development of medium-term strategy would amended from 'complete' to 'closed' to reflect that this work was continuing as part of development of a hospital group. The Board noted this approach was consistent around how other actions plans were managed.</li> <li>• This action plan had been developed following an external assessor 'well-led' review and was not part of the CQC inspection action plan.</li> </ul> <p>There were no further comments and the Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the contents of the evaluation</li> <li>• <b>Approved</b> the terms of reference for board sub-committees for the next 12 months.</li> </ul>
<b>52-20</b>	<p><b>Nomination and remuneration committee assurance</b></p> <p>The Board received the Chair's assurance report.</p> <p>BH asked the Board to note that a further paper regarding Clinical Excellence Awards would be circulated to the committee shortly via email for approval.</p>
<b>Any other business (by application to the Chair)</b>	
<b>53-20</b>	There were none
<b>Questions from members of the public</b>	
<b>54-20</b>	There were none.



Matters arising and actions pending from previous meetings of the Board of Directors									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	April 2020	62-20	QVH/Horder Healthcare Covid-19 Activity Planning Group ToRs	Commercial in confidence	Assurance of arrangements in place in relation to indemnity for clinical negligence incidents.	JMT	ASAP	<b>03 04 2020</b> Board received copy of joint letter from the DoHSC, NHS Resolution, and NHSE/I setting out clinical negligence indemnity in response to Coronavirus.	Closed
2	March 2020	34-20	Patient story	standing items	On behalf of BoD, Chair will write to Burns team commending them for their patient care as described at <u>March meeting</u>	BH	ASAP	Action completed by Chair March 2020	Closed
3	March 2020	41-20	CRR	KSO1	In absence of Failsafe Officer, manual process to be established to reduce risks of patients being lost to follow up/ <u>undue delays to follow up appointments.</u>	AJ	May 2020		Pending
4	March 2020	41-20	CRR	KSO1	F&PC to consider how to capture impact on performance of those corporate risks which relate to staffing.	PD-R	<del>May 2020</del> July 2020	<b>27 04 20</b> F&P agreed have agreed to defer until July	Pending
5	Jan 2020	08-20	MD report	KSO2	KA to confirm schedule of GoSW reporting so details may be built into the Board's work programme.	KA	ASAP	GoSW reports are scheduled to come to board in March and November with immediate effect	Closed
6	Jan 2020	10-20	Q&S report	KSO2	KA to raise with consultants concerns re lack of engagement in flu vaccination programme and update <u>board of response.</u>	KA	Mar-20	KA raised with consultants at consultants meeting 13 Jan, and also at JHGM on 13 Jan.	Closed
7	Jan 2020	10-20	Q&S report	KSO2	Further analysis on reasons for flu opt-out to be reported <u>back to the Board</u>	JMT	Mar-20	This information has been included in the Quality and Safety report	Closed
8	Jan 2020	10-20	Q&S report	KSO2	Board to receive written update on adult burns service	KA	<del>March 2020</del> May 2020	Nothing further to report at present. Will be returned to May Board with update after start of talks with BSUH.	Pending
9	Jan 2020	11-20	EPRR core standards and statement of readiness	KSO2	Board to receive update as to accuracy of core standard figures shown in January EPRR report	JMT	Mar-20	Trust EPRR lead re-escalated this to CCG EPRR lead meeting postponed by CCG due to coronavirus incident <b>Update 5/3/20</b> NR noted that new cycle of review is now underway and therefore feedback would inform amended reporting. Will remain on matters arising for regular updates for now.	Pending
10	Jan 2020	16-20	BAF	KSO5	Following changes to both current risk rating and risk appetite, Board have sought assurance that this is consistent with other BAFs. EMT to review.	GO	Mar-20	EMT reviewed this action at their meeting on 17/02/20 and agreed that this risk rating represents the current status of the Trust and continues to be reviewed monthly	Closed

# Board Assurance Framework – Risks to achievement of KSOs

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.	We provide world class services that are evidenced by clinical and patient outcomes and underpinned by our reputation for high quality education and training and innovative R&D.	We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner	We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services.	We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

## Current Risk Levels

The BAF and CRR was reviewed at executive management meeting. KSO 1 and 2 were also reviewed at the Quality and Governance Committee webex, 16/04/20. KSO 3, 4 and 5 were reviewed 27/04/20 at the Finance and Performance Committee webex. Changes since the last report are shown in underlined type on the individual KSO sheets. The current score for KSO2 has increased to 16 due to the impact of the corona pandemic and the subsequent cessation in non urgent elective work. Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the May trust board.

	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Target risk
KSO 1	15	12	12	12	9
KSO 2	12	12	12	<b>16</b>	8
KSO 3	20	16	16	16	9
KSO 4	25	25	25	25	16
KSO 5	20	16	16	16	9

Report cover-page					
<b>References</b>					
Meeting title:	Board of Directors				
Meeting date:	07/05/2020	Agenda reference:		73-20	
Report title:	Chief Executive's Report				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated Performance Dashboard Summary 2) QVH media update				
<b>Executive summary</b>					
Purpose of report:	To inform the Board on how QVH is supporting the wider health economy across Kent, Surrey and Sussex during the challenges of the Covid-19 pandemic.				
Summary of key issues	<ul style="list-style-type: none"> <li>Planning and operational delivery of cancer and trauma services</li> <li>Governance behind the plan</li> <li>Progress to date</li> <li>YE financial position</li> <li>Sussex Health &amp; Care Partnership becomes an Integrated Care System</li> </ul>				
Recommendation:	For the Board to <b>NOTE</b> the report				
Action required	Approval Y/N	Information Y/N	Discussion Y/N	Assurance Y/N	Review Y/N
Link to key strategic objectives (KSOs):	KSO1: Y/N	KSO2: Y/N	KSO3: Y/N	KSO4: Y/N	KSO5: Y/N
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	EMT				
	Date:	20/04/20	Decision:	Review BAF	
Next steps:					

## CHIEF EXECUTIVE'S REPORT MAY 2020

### Covid-19

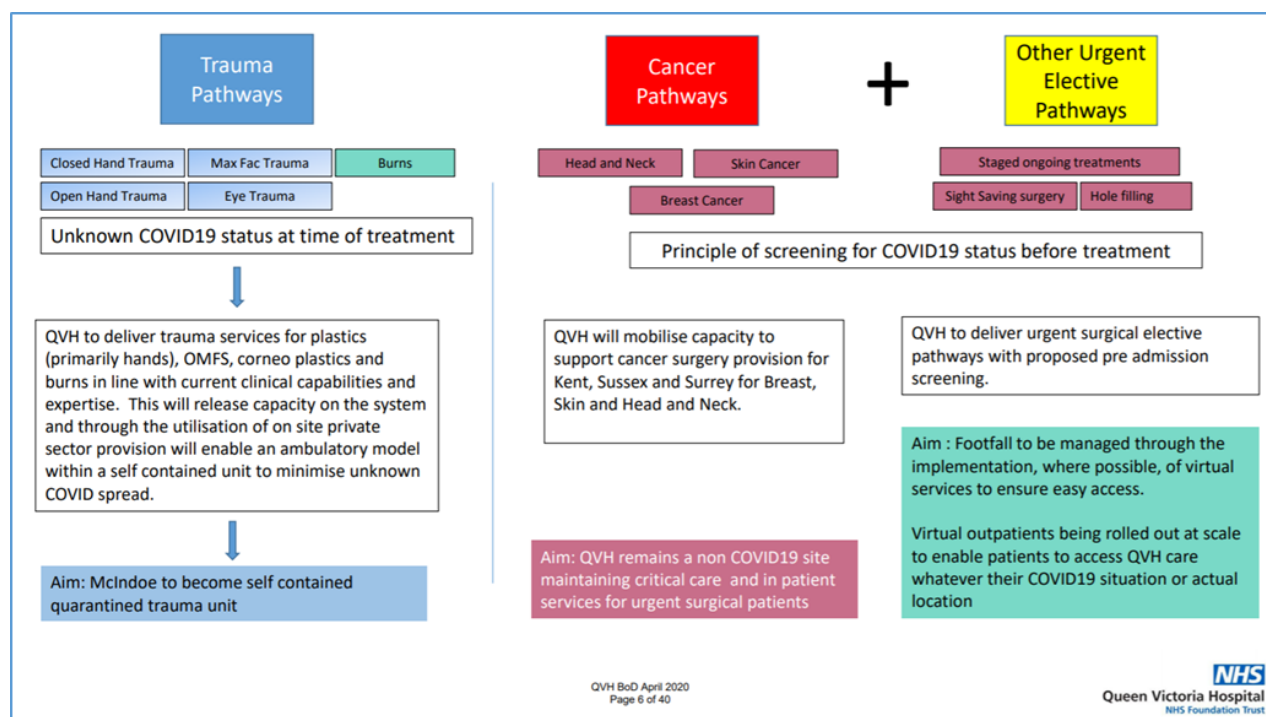
Since our last Board meeting our lives have been dominated by the Covid-19 virus. At QVH we continued to work closely with our partners across the region and nationally to put preparations in place to respond to the challenges health and social care is facing with this pandemic. As always we are committed to providing safe and effective care for our patients and I want to thank our staff for their outstanding dedication and determination in helping us put in place new ways of working that support the wider health economy across Kent, Sussex and Surrey.

### Planning

This has been a fast-paced situation with advice and guidance being updated regularly both regionally and nationally. Our Board met in private on 2 April 2020 and approved:

- the temporary transfer of QVH trauma activity to the private healthcare facility on our site which is run by Horder Healthcare,
- the Terms of Reference for the QVH/Horder Healthcare Covid-19 Activity Planning Group,
- the QVH Covid-19 Service Plan and
- the QVH Cancer Plan in response to the regional request for QVH to provide urgent cancer surgery for head and neck, breast and skin throughout this pandemic.

The patient pathways are shown below:

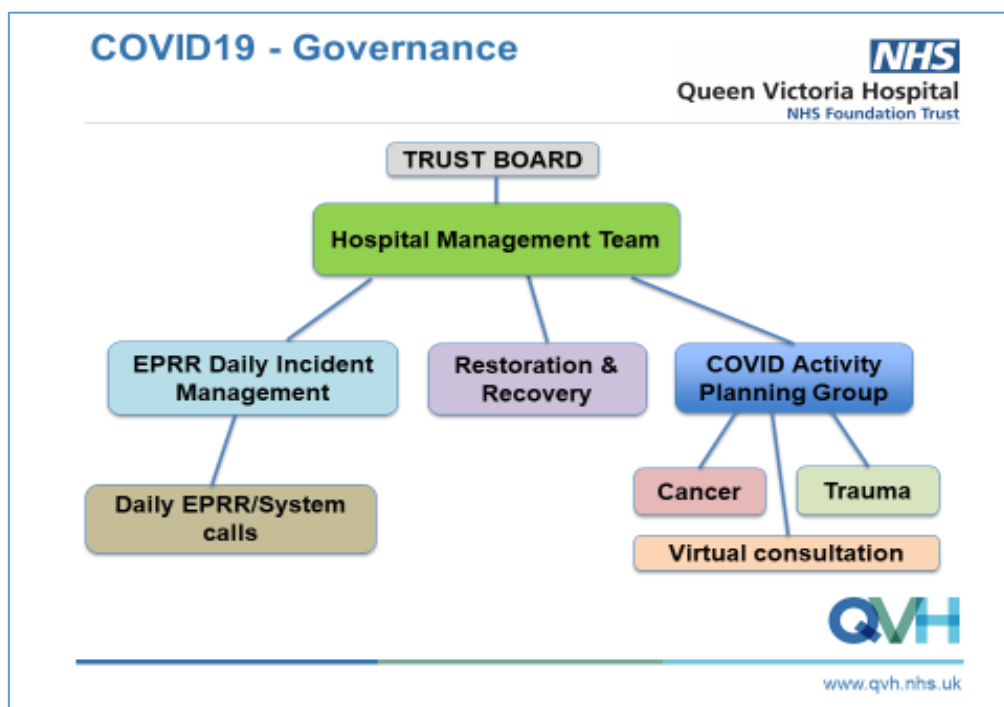


Key features of our plans have included:

- Establishing a dedicated incident management centre operating seven days a week that ensures swift decision making and that our staff have the latest information. The incident management approach allows us to redirect resources when required as well as support the wider health economy where pertinent with mutual aid.

- Following national guidance and postponing non-urgent planned procedures from 23 March to ensure processes and safe systems were in place to become the regional (Kent, Sussex and Surrey) surgical referral centre for breast, head and neck, and skin cancers.
- Establishing a trauma centre at The McIndoe Centre, part of independent sector provider Horder Healthcare located on our East Grinstead site for our patients.
- Conducting outpatient appointments, where it is appropriate to do so, via telephone or video conference service, thus developing virtual clinics. From 1 to 26 April we have conducted over 2,000 hours of virtual appointments.
- From 26 March, restricting visiting hours to essential visitors only to help keep our patients and staff safe and prevent the spread of any infection.
- Working with partners to review hospital capacity and identifying clinical areas that could be used for patients requiring high-dependency clinical care.
- Training key clinical staff to provide specialist support to potential Covid-19 patients needing respiratory care.
- Supporting staff, where it is appropriate to do so, to work from home.
- Rolling out staff health and well-being support measures to those who are in self-isolation or are caring for dependents that are unwell, as well as staff on site
- Maintaining effective communication with system partners. CEOs from providers and commissioners in Sussex have held daily evening calls to discuss any matters for escalation and/or mutual aid. Each director has also been engaged with regular calls to support system working in their areas.

Putting these plans in place at pace required significant commitment and a sound governance structure as show below:



### Progress

Our adult trauma patients are being seen and receiving surgery at the McIndoe Centre. That partnership working with the independent sector is going well, partly because when issues arise we talk about them openly and swiftly agree a way forwards.

Our vulnerable head and neck cancer patients are being protected through isolation in critical care, and we have put in place a rigorous screening process so that we are as confident as we can be that the patients coming in are covid-free and not being put at extra risk.

Increasing numbers of skin cancer patients are being seen through virtual clinics using video and telephone.

We have received additional equipment from Maidstone and Tunbridge Wells Hospital and visiting surgeons from Kent and Sussex hospitals are now carrying out breast cancer surgery in our theatres.

Alongside that there are many other changed ways of working from the burns team who have moved into Margaret Duncombe Ward and Outpatients A, to the screening team in the fire service cabin. Our administrative staff are working different shifts to make sure the offices support social distancing and many staff are working from home.

The planning for all of this was incredibly quick; within two weeks we were into our new way of running things. There continue to be some refinements to processes but we were really clear from the beginning about QVH's role making sure non-Covid patients can get essential care at this difficult time.

We are now treating cancer and trauma patients every day. The numbers are not yet back up to normal levels but we are aware daily of patients who were fearful that they would not get the treatment they needed and are enormously grateful to QVH. This was shown very effectively on national television on 29 April following the BBC's visit.



QVH takes seriously the health of its staff and through an award from Health Education England (HEE) of £10,000 to we have established a Stay Well quiet space as well as investing in other wellbeing initiatives.

In addition, we have a virtual team comprising senior psychological therapists, occupational health and members of the workforce advisory team on hand to support colleagues.

Thanks to the generosity of people who have made charitable donations to QVH Charity and the national NHS charity, since 7 April we have been able to provide a free meal each day for staff working on site.

## **TRUST ISSUES**

### **Year end**

The Trust is reporting a year-end deficit of £9.2m (including donated asset adjustments). The reported position is in line with the re-forecast approved by the Board during January. The finance use of resources rating is a '4'. The financial position remains subject to audit and the final reconciliation of 2019/20 activity and income with commissioners. We did not receive any PSF (Provider Sustainability Fund) or FRF (Financial Recovery Fund).

### **Integrated Performance Dashboard Summary**

Our Integrated Performance Dashboard summary (Appendix 1) highlights at a glance the key indicators from all areas within the Trust including safety and quality, finance and operational performance, and workforce, against each Key Strategic Objective at the end of March 2020.

## **Board Assurance Framework (BAF)**

Attached is the BAF front sheet, the following points are worth noting:

The entire BAF was reviewed at executive management meeting on 20 April. KSO 1 and 2 were reviewed at the Quality and Governance Committee on 16 April. KSO 3, 4 and 5 were reviewed on 27 April at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

## **Priorities for 2020/21**

As we commence the new financial year, QVH will receive block funding for the first four months of the year.

We are commencing the restoration and recovery stage currently; in particular our focus will need to address key operational challenges such as cancer standards, RTT 18 and 52 week breach position.

Our work with BSUH and Western Sussex Hospitals to consider the benefits of formalising our partnership working has been paused during the focus on coronavirus and will recommence in due course.

## **Media**

Appendix 2 shows a summary of QVH media activity during February and March 2020.

## **SECTOR ISSUES**

### **Integrated Care System status**

Sussex's status as an Integrated Care System has been approved by NHS Executive Group, with approval by Sir Simon Stevens on 27 April 2020.



### **East Sussex Healthcare NHS Trust**

Last Board meeting, I reported Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT) is to retire in September 2020 after four years in charge. Recently the Chair of ESHT has confirmed Joe Chadwick-Bell, currently their Chief Operating Officer and Deputy Chief Executive has been appointed an interim Chief Executive from when Adrian steps down.

**Steve Jenkin**  
**Chief Executive**

Integrated Dashboard Summary  
Key indicators at a glance - May 2020

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services		
C-Diff	0	➡
MRSA	0	➡
E-coli	0	➡
Gram-negative BSK	0	➡
Serious Incidents	0	⬆
Never Events	0	➡
No of QVH deaths	0	➡
No of off-site deaths	TBC	➡
(within 30 days)		
Contacts	18394	➡
Complaints	10	⬇
Closed <30 days	4	⬆
FFT		
In-patient	98%	➡
Day surgery	97%	➡
MIU	97%	➡
Trauma	93%	➡
O/Ps	95%	➡

KSO3 Operational Excellence		
MIU <4hrs	100.00%	➡
RTT 18 weeks	78.50%	⬇
Cancer 2ww	97.70%	⬆
Cancer 62 day	82.10%	⬆
Diagnostics <6weeks	90.07%	⬇
52ww	18	➡
(patient choice)	7	➡
Outpatients utilisation	92.30%	➡

KSO4 Financial Sustainability		
Financial plan YTD	(£9185K)	⬇
Variance to plan YTD	£20k	⬆
Patient activity income YTD	£2212k	⬆
CIP delivery YTD	£1279k	➡
Agency spend % of pay bill in month	6.08%	➡

KSO5 Organisational Excellence		
Vacancy rate	9.29%	⬆
Turnover rate	12.9%	⬆
Sickness rate	3.08%	⬆
Appraisal rate	84.36%	➡
MAST	92.35%	➡
Q4 Staff FFT (work at QVH)	74.71%	➡
Q2 Staff FFT (care at QVH)	95.35%	➡

Activity	Plan	Actual	2018/19
MIU attendances			
Elective (day case)			
Elective			
Non-elective			
Critical care			
O/P first attendance			
O/P follow up			
O/P procedures			
Other			

Key	Improved Performance	Deteriorating Performance	Remains the same
	⬆	⬇	➡

Current summary: sustained improvements in workforce, however, financial challenges around income and CIP. Significant numbers of patient choice impacting upon 52ww position although RTT position is improving in line with trajectory agreed with commissioners.

75

95



## QVH media update – February 2020

Here's a summary of the media activity secured for QVH ...

### Burns nurse Lucy chosen to help victims of the New Zealand volcanic eruption

News of Lucy Hall, deputy matron of our burns unit, flying out to New Zealand to help patients who are continuing to be treated following the volcanic eruption in December, received a series of national and local media coverage. Lucy is one of only four UK nurses chosen to help fellow nurses in New Zealand who have been working around the clock to treat patients who sustained burns to 90-95 per cent of their body, as well as a number with burns to more than 30 per cent of their body.



National nursing publications [Nursing Times](#) (pictured right) and [Nursing Standard](#) (pictured left) both ran an article about the news.



Sarah Gorrell interviewed David Johnson, head of nursing, for the [BBC Sussex](#) drive time show on 12 February, a few days after Lucy had flown out to New Zealand. They were interested to know more about how the skills Lucy had developed here at QVH in our burns unit would be utilised and how our team will continue to ensure that our patients receive the highest level of care.

Local paper the [East Grinstead Courier](#) also ran a large article about Lucy (pictured right).



The [Crawley Observer](#), [West Sussex County Times](#), the [Mid Sussex Times](#), the [Brighton & Hove Independent](#), and the [Worthing Herald](#) also featured her on their websites (pictured left).

The [East Grinstead Gazette](#) also devoted its cover to the news of Lucy's mission.

There has been additional media interest regarding interviewing Lucy herself when she returns, including New Zealand's largest radio station.



## Good Karma Hospital team say thanks to QVH

In the lead-up to the new series of ITV medical drama The Good Karma Hospital being aired, actress Amanda Redman has been mentioning our involvement in one of the show's forthcoming storylines. Amanda who plays one of the lead characters, Dr Lydia Fonseca, championed a burns storyline to feature in the third series having sustained burns herself as a child, resulting in her being a patient here at QVH. She and series creator Dan Sefton, visited QVH back in 2018 with a team of writers to research the storyline, with help from our multidisciplinary burns team.



Amanda and Dan have referenced the support we gave, although sadly we have been credited as the East Grinstead Burns Hospital. Mentions of both us and the forthcoming series included the [Radio Times](#) (pictured left), [The Sun](#) (pictured right), and the [Female First website](#).

### Amanda acid tale

AMANDA REDMAN returned to East Grinstead Burns Hospital as research for The Good Karma Hospital.

The actress, who was treated there for 75 per cent burns as a toddler, took writer Dan Sefton in preparation for an acid-attack storyline in the ITV show, which starts a new series later this month.

Amanda, whose character Dr Lydia Fonseca helps an acid victim in the powerful scene, said: "There were bits of hair and scalp falling away. It was quite upsetting." ■

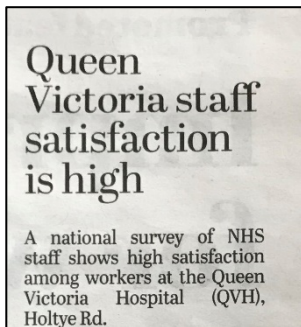
## The last F1 Moroccan Grand Prix and our burns team

We received an expected mention this month on the [BBC Sport website](#). The piece talks about how the 2020 Marrakesh E-Prix will be the first FIA open-wheel World Championship event in Morocco since the 1958 Formula 1 Grand Prix. It was at that Grand Prix where rising star Stuart Lewis-Evans' car spun, sending him off the road and causing the car to burst into flames. He was rushed back to England and seen by our burns team but sadly, he died of his burns injuries eight days after the race.



## QVH tops survey results

The excellent results of two of our recent surveys were featured in the local media this month. Our National Cancer Patient Experience Survey, which showed that patients rate highly the care they receive at QVH, featured in the February edition local magazine [RH Uncovered](#) (pictured right).

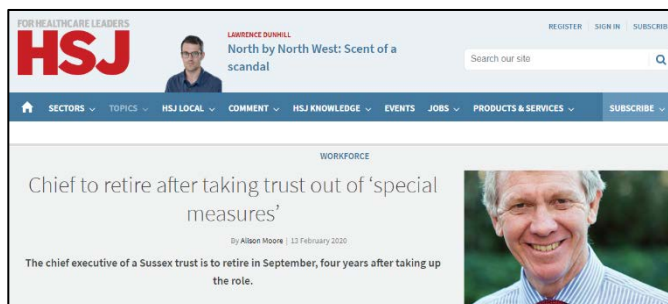


Meanwhile the [East Grinstead Gazette](#) ran a piece about the results of our NHS Staff Survey (released this month) which showed our staff scored us highly as a place to work as well as an excellent hospital to receive treatment. It was repeated over two consecutive issues.



## Local support for our QVH Charity

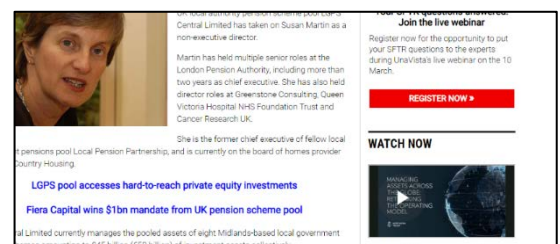
Our charity's year-long partnership with the East Grinstead branch of Sainsbury's, which raised over £6,000, was featured in the February edition of [RH Uncovered](#) magazine.



## Ad hoc media coverage

We were mentioned in an article by the [HSJ](#) regarding Adrian Bull, chief executive of East Sussex Healthcare Trust, announcing his retirement (pictured). Adrian was previously chief executive of QVH from 2008 to 2013.

In other people news, we were mentioned on the [Funds Europe website](#) in an article about Susan Martin's appointment as a non-executive director of the UK local authority pension scheme pool LGPS Central Limited. Susan was previously director of HR and corporate affairs at QVH from 2004 to 2006.



We were also mentioned in a few ad hoc local media pieces regarding a collision outside the hospital and a patient who was referred to use following an attack.



### Celebrating our apprentices on social media

National apprenticeship week took place at the start of this month (3-7 February) which featured heavily our social media channels.

Five apprentices from across the organisation were profiled during the week, where they explained how QVH is giving them the opportunity to earn whilst they learn, and help them take the next step on the career ladder.



### Press releases

We issued the following press releases in February that you can read via these links:

- [QVH recognises its apprentices and the contribution they make](#)
- [Burns nurse Lucy chosen to help victims of the New Zealand volcanic eruption](#)
- [Staff rate Queen Victoria Hospital a great place to work](#)

## QVH media update – March 2020

Here's a summary of the media activity secured for QVH ...

### Amanda Redman gives good karma to QVH

We were referenced in a series of national media this month about prime-time medical drama The Good Karma Hospital. Actress Amanda Redman who plays Doctor Lydia Fonsceca in the series, proposed the idea of an acid burns storyline having had experience of burns herself. She was scalded when she was just 18 months old, sustaining burns to her body and received many years of treatment here at Queen Victoria Hospital.



The storyline was an opportunity to revisit the hospital she frequented as a child and use the knowledge and experience of our experts to bring her idea to life.

Amanda, Dan Sefton the series creator and colleagues visited our hospital back in 2018 to speak to our multidisciplinary team to find out more about how we physically and psychologically support patients. Despite the time difference between the fact finding and the transmission of the show, they have been appreciative of the input we had whilst they were formulating the script and also during filming.



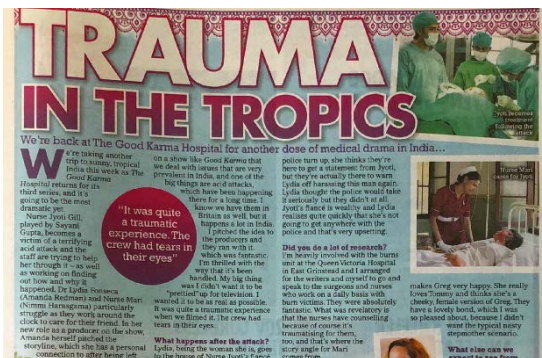
Not all of the media coverage about the show mentions QVH, and some reference us as the East Grinstead Burns Hospital, but ones that do include a mention of us in some form are:

The [Daily Express](#) double page feature on 6 March (pictured left) – with a teaser on the paper's cover. It was also featured on the paper's [website](#).

**Bad karma! As The Good Karma Hospital returns with a horrific acid attack, Amanda Redman on how her own childhood burns inspired it**

- Filmed in Sri Lanka, ITV's The Good Karma Hospital is returning for a third series
- Amanda Redman who plays Dr Lydia, has been given her first producer's credit
- Actor revealed how she prepared for the tense scenes, including a birth

The [Daily Mail Online](#) on 13 March (pictured right).



[The Express online](#) on 15 March; [The Daily Star](#) on 14 March (pictured above); [The Argus online](#) on 15 March; [The Mirror online](#) on 18 March (pictured below right).





Amanda also mentioned our hospital in interviews she did on TV show [This Morning](#) on 13 March (pictured); and the Steve Wright show on [BBC Radio 2](#) on 20 March.

Amanda referenced not only our hospital but “East Grinstead’s moving war history” in an article for [Total TV Guide](#).

The Good Karma Hospital is on ITV at 8pm on Sundays.

You can read what writer Dan Sefton thought of our involvement in a story [on our website](#).



### Anniversary of the passing of McIndoe

To mark the 60th anniversary of the death of Sir Archibald McIndoe, Bob Marchant, resident QVH historian, secretary of the Guinea Pig Club and trustee of East Grinstead Museum, was interviewed on local radio station [Meridian FM](#). He spoke about his time working with McIndoe here at our hospital, the Guinea Pig Club and how many of the techniques used by McIndoe have informed modern day surgery. You can [listen back to the interview online](#).



### Outstanding QVH staff recognised

The March issue of [RH Uncovered](#) magazine ran a piece combining the outcome of our outstanding patient experience award from last year's staff awards and Dr Emma Worrell being named South East clinical support worker of the year.

[RH Uncovered](#) also ran pieces in the same issue regarding how the memory of WWII airman and Guinea Pig Club member Alan Morgan will live on at our hospital thanks to the kind donation of an inscribed IV

drip stand; and how our staff supported our very first National Elf Service day back in December in aid of our QVH Charity.

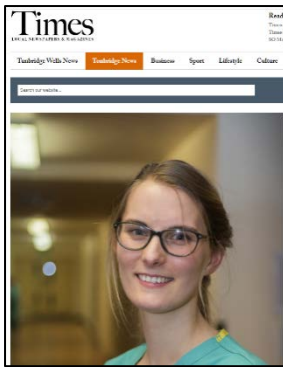
The magazine also ran a piece on its [website](#) about how our cancer care is rated highly by patients in the latest National Cancer patient Experience Survey.



### Patients Rate QVH For Cancer Care

The National Cancer Patient Experience Survey which was released at the end of last year shows that patients rate highly the cancer care they receive at East Grinstead's Queen Victoria Hospital.





## More coverage for burns nurse Lucy

Following on from the array of coverage we received regarding Lucy Hall, deputy matron of our burns unit, flying out to New Zealand to help patients who are continuing to be treated following the volcanic eruption in December, The [Times of Tunbridge Wells](#) also ran the story on [its website](#).

## Gok talks glaucoma

Gok Ratnarajan, our consultant ophthalmic and glaucoma surgeon, was interviewed by community radio station [Uckfield FM](#) on the subject of glaucoma, to mark glaucoma week 2020 which took place this month.



## Marathon Michelle to support QVH Charity

Prior to the news that this year's London Marathon has been postponed, the [East Grinstead Gazette](#) ran a front page story about Michelle Hollins, a healthcare assistant from our theatres, choosing to run for our QVH Charity. She has been inspired by how we are rebuilding lives and this is her way of giving something back.

## Celebrating our facial palsy team

To highlight the work of our facial palsy team, and the investment our QVH Charity has made into supporting the team's work, we did a facial palsy takeover of our social media channels to coincide with facial palsy awareness week (1-7 March).

We received some very positive feedback including from our patients about what a difference support from our specialists is making to them.



## Connecting with local people through our social media channels

This month we have actively been using our social media channels to provide real-time information and important updates from our hospital in light of the evolving COVID-19 situation. If you use social media and do not follow us already, please find us on [Facebook](#), [Twitter](#) and [Instagram](#).

## **Press releases**

We issued the following press releases in March that you can read via these links:

- [Marathon Michelle sets her sights on London to support our hospital charity](#)
- [Knowledge of burns experts informs The Good Karma Hospital storyline](#)

## **For more information...**

Please contact Michelle Baillie, Communications Manager, at [michelle.baillie@nhs.net](mailto:michelle.baillie@nhs.net) or call x4508.

If you use social media, please follow us on [Facebook](#), [Twitter](#) or [Instagram](#).



# KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality

Committee: Quality & Governance

Date last reviewed 8<sup>th</sup> April 2020

## Strategic Objective

We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.

**Risk 1)** Trust is not able to recruit and retain workforce with right skills at the right time.  
2. In a complex and changing health system commissioner or provider led changes in patient pathways, service specifications and location of services may have an unintended negative impact on patient experience.

**Risk Appetite** The Trust has a **moderate appetite** for risks that impact on patient experience but it is higher than the appetite for those that impact on patient safety. This recognises that when patient experience is in conflict with providing a safe service safety will always be the highest priority

## Rationale for risk current score

- Compliance with regulatory standards
- Meeting national quality standards/bench marks
- Very strong FFT recommendations
- Sustained excellent performance in CQC 2018 inpatient survey, one of eight trust who were much better than national average
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- International recruitment continues 19 staff registered and inducted
- Not meeting RTT18 and 52 week Performance and access standards but meeting agreed recovery trajectories
- Sustained CQC rating of good overall and outstanding for care
- Picker 2019 inpatient survey data received

**Initial Risk** 4(C) x 2(L) = 8 low  
**Current Risk Rating** 3(C) x 4(L) = 12 mod  
**Target Risk Rating** 3(C) x 3(L) = 9 low

## Future risks

- Unknown impact on patients waiting longer than 52 weeks, CHR in progress
- ~~Future impact of Brexit on workforce~~
- Generational workforce : analysis shows significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Developing new health care roles -will change skill mix
- STP strategic plans not fully developed
- Impact of Covid-19 pandemic on patient experience

## Future Opportunities

- Further international recruitment with another local Trust

## Controls / assurance

- Robust Governance and clinical quality standards managed and monitored at the Q&GC, CGG and the JHGM, safer nursing care metrics, FFT and annual CQC audits , 6/12 CIP
- External assurance and assessment undertaken by regulator and commissioners
- Quality Strategy, Quality Report, CQUINS, low complaint numbers
- Benchmarking of services against NICE guidance, and priority audits undertaken
- ~~Sub group for theatre workforce/recruitment, proposals approved at HMT June 2017, new theatres safety lead in post Feb 2017~~
- Trust recruitment and retention strategy mobilised, NHSI nursing retention initiative. International recruits now arriving
- Burns and Paediatric services not currently meeting all national guidance. CCG and Regulators fully aware of this, mitigation in place including interim divert of inpatient paed burns from 1 August via existing referral pathway.
- QVH simulation faculty to enhance safety and learning culture in theatres
- Clear written guidance for safe staffing levels in theatres and critical care
- Working with NHS E on inpatient paediatric burns service move and presentation at KSS HOSC chairs meeting / communication with SE burns network, COG, regulators and Healthwatch July 2019
- Compiling Burn Case for Change in collaboration with BSUH AND NHSE

## Gaps in controls / assurance

- International recruitment material benefits to workforce anticipated in Q3 and Q4 2019/20 [Links to CRR 1094,1077,1035,](#)
- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway [968,1059](#)

# KS02 – World Class Clinical Services

Risk Owner: Medical Director

Date last reviewed: 8<sup>th</sup> April 2020

## Strategic Objective

We provide world class services, evidenced by clinical and patient outcomes. Our clinical services are underpinned by our high standards of governance, education research and innovation.

## Risk

Patients, clinicians & commissioners lose confidence in services due to inability to show external assurance by outcome measurement, reduction in research output, fall in teaching standards., or lack of effective clinical governance.

**Risk Appetite.** The trust has a **low appetite for risks that impact on patient safety**, which is of the highest priority. The trust has a moderate appetite for risks in innovation of clinical practice, research and education methodology, if patient safety is maintained.

### Rationale for current score

- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- Compliance with 7 day services standards
- ~~Junior doctors – tension between service delivery and training & supervision needs.~~
- Spoke site clinical governance.
- Sleep disorder centre staffing of medical staff and sleep physiologists
- Histopathology and radiology consultant staffing
- Non-compliant RTT 18 week and 52 week position.
- Commissioning and STP reconfiguration of head and neck services
- ~~Lower limb orthopaedic service provided by QVH and BSUH – inability to meet BOAST4 and NICE guidance.~~
- CCU – network arrangements for CPD and support require further development
- Pension and taxation arrangements threatening work above 10PA contracts
- COVID-19. QVH undertaking head/neck cancer, breast cancer, skin cancer. Trauma undertaken at McIndoe Centre by QVH staff
- COVID-19-new urgently developed regional referral pathways, reduced availability of routine surgery (eg, breast reconstruction, orthognathic, dentoalveolar), hon contracts for surgeons from other trusts coming to operate on their cases at QVH

**Initial Risk Rating** 5(C)x3(L) =15, moderate

**Current Risk Rating** 4(C)x4(L)=16, moderate

**Target Risk Rating** 4(C)x2 L) = 8, low

## Future Risks

- STP and NHSE re-configuration of services and specialised commissioning future intentions.
- Commissioning risks to lower priority services– sleep, orthognathic surgery
- Commissioning risks to major head and neck surgery

## Future Opportunities

- Sussex Acute Care Network Collaboration
- STP networks and collaboration
- Efficient team job planning
- Research collaboration with BSMS
- CEA scheme and potential for incentive
- New services – glaucoma, virtual clinics & sentinel node expansion
- Multi-disciplinary education, human factors training and simulation
- QVH-led specialised commissioning

## Controls and assurances:

- Clinical governance leads and reporting structure
- Clinical indicators, NICE reviews and implementation
- Relevant staff engaged in risks OOH and management
- Networks for QVH cover-e.g. burns, surgery, imaging, lower limb and trauma
- Training and supervision of all trainees with deanery model
- Creation of QVH Clinical Research strategy
- Local Academic Board, Local Faculty Groups and Educational Supervisors
- Electronic job planning
- Harm reviews of 52+ week waits
- Temporary diversion of inpatient paediatric burns patients to alternative network providers

## Gaps in controls and assurances:

- Limited extent of reporting /evidence on internal and external standards
- Limited data from spokes/lack of service specifications
- Scope of delivering and monitoring seven day services (OOH), particularly those provided by other trusts (**RR845**)
- Plan for sustainable ITU on QVH site (**CRR1059**)
- Achieving sustainable research investment
- Balance service delivery with medical training cost (**CRR789**)
- Detailed partnership agreement with acute hospital (**CRR1059**)
- Sleep disorder centre sustainable medical staffing model & network

Report cover-page					
<b>References</b>					
Meeting title:	Board of Directors				
Meeting date:	07.05.2020	Agenda reference:		75-20	
Report title:	Quality and governance assurance				
Sponsor:	Karen Norman, committee chair				
Author:	Karen Norman, committee chair				
Appendices:	None				
<b>Executive summary</b>					
Purpose of report:	To update the board on quality and governance assurance issues arising since the last Board meeting on 05.03.2020.				
Summary of key issues	The report updates the board on assurance issues arising from the Covid-19 pandemic and the establishment of QVH as a designated surgical referral centre for head and neck, breast and skin cancers for the south east. It also highlights areas where further assurance will be forthcoming once the action plans from 3 SII's are completed, on actions taken to improve compliance with MRSA screening and changes to the BAF reviews to reflect changes in the risk register since the last report.				
Recommendation:	The Board is asked to <b>NOTE</b> this report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	<b>KSO1:</b> <i>Outstanding patient experience</i>	<b>KSO2:</b> <i>World-class clinical services</i>	<b>KSO3:</b> <i>Operational excellence</i>	<b>KSO4:</b> <i>Financial sustainability</i>	<b>KSO5:</b> <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	Committee received updates on relevant BAF summaries and assured of appropriate revisions to the Corporate Risk Register and the BAF reviews, in line with assurance issues raised within the reporting period.				
Corporate risk register:	As above				
Regulation:	Compliance with regulated activities in Health and Social Care Act 2008 and the CQC essential standards of quality and safety.				
Legal:	As above				
Resources:	As documented in paper.				
<b>Assurance route</b>					
Previously considered by:	N/A				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	For presentation to board on 07.05.2020				

**Report to:** Board of Directors  
**Meeting date:** 07 May 2020  
**Reference number:** 75-20  
**Report from:** Karen Norman, committee chair  
**Authors:** Karen Norman, committee chair  
**Appendices:** N/A  
**Report date:** 29 April 2020

## Quality and governance assurance

### 1. Introduction

This report summarises the items raised in the Quality and Governance Committee, which committee members felt were the most important to bring to the attention of the Board. In view of the unprecedented challenges arising from the management of the Covid-19 pandemic, the committee re-prioritised the meeting agenda and its modus operandi in order to execute its responsibilities for scrutiny, oversight and assurance of quality, safety, effectiveness and patient experience at the Queen Victoria Hospital (QVH) and spoke sites. This was informed by the Executive, taking account of the rapidly emerging changes to strategic and operational requirements to respond to the pandemic, whilst maintaining quality and safety of clinical care across its range of existing services. These changes also took account of the Publications approval reference: 001559, *Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic*, issued on 28 March 2020.

### 2. Covid-19 Update

The committee considered this report, which highlighted the issues and risks to the trust, staff and patients faced by the Covid-19 pandemic. It outlined the transfer of QVH trauma activity to Horder Healthcare, the terms of reference for the QVH/Horder Healthcare Covid-19 Activity Planning Group, and the Covid-19 Service Plan and the Cancer Plan in response to a regional request for QVH to provide urgent cancer surgery for head and neck, breast and skin throughout the pandemic. Personal Protective Equipment (PPE) has been a significant challenge, but at the time of reporting, the committee were assured that QVH had all of the PPE equipment it required. Workforce attendance has been affected by the pandemic, with much higher levels of absence due to self-isolation and staff sickness. The committee was assured that safe staffing levels have been maintained, due to a combination of a fall in activity levels and thanks to the flexibility and commitment of our staff. Covid-19 pandemic has been added to the corporate risk register and will be subject to ongoing review and mitigation. The Trust is following its EPRR pandemic response, with the Trust incident room in operation and the trust EPRR lead chairing daily meetings to co-ordinate our response in line with the national EPRR requirements. The committee noted it was evident that staff at all levels throughout the Trust are working extremely hard in circumstances which are anxiety provoking both for themselves and for their families. It was assured that support mechanisms have been put in place by the Executive, which staff can access if required. Evidence was also provided of the detailed work underway to synchronise policies and procedures between Horder Healthcare and QVH, with work ongoing on the clarification of revisions to systems and processes for the management of investigation of Serious Clinical Incidents, and clinical risk management processes for the management of integrated care pathways.

It was noted that full assurance could not be given regarding governance and risk management, given the as yet unpredictable pattern of the virus and newly emerging evidence on how best to respond. The rapid transformation of our pathways of care to respond to the risk of delayed diagnosis and treatment for urgent cancer care is informed by best practice, but the need for the rapid establishment of these services over a very short timescale has proved a challenge to which all involved have risen magnificently. The committee were reassured that clinical and managerial engagement is very strong and staff continue to work and make suggestions and come up with solutions. Every action or change is done to the best of their beliefs, values and knowledge available at the time, with daily monitoring in place to review and change these in response to newly emerging priorities and information. It is to be expected that there will be issues that arise that with the benefit of hindsight and more time for planning, might have been done differently. It is to be noted that given the existing risks in these unprecedented times and the need for a timely response to mitigate these, pragmatic judgements constantly need to be made on the balance of probabilities rather than certainty. The committee were reassured that staff were doing their utmost to take account of existing risk factors in making difficult and often painful decisions, in difficult times, with professionalism, dedication and commitment.

### **3. Patient safety**

The committee reviewed three Serious Incident Investigation reports. It noted the lessons learned and action plans in place to ensure the learning is embedded in practice. It will await further assurance through the mandatory annual review to ensure these have been completed. An update on progress on two investigations conducted by the investigating officer (who was unable to be present for the meeting due to clinical commitments) will be scheduled for the next meeting. The Chair of the committee has recommended these be presented to the Board in a future seminar for information and discussion.

Whilst understanding the reasons, it was noted with concern that there had been no clinical harm reviews in the preceding weeks. Assurance was given that these were to be recommenced again later that week.

### **4. Infection prevention and control report**

This report was received, noting it was shorter than usual due to the impact of Covid-19 on Infection Control Team needing to prioritise time for responding to the pandemic. The report highlighted that the compliance with MRSA screening for elective is still just below the target of 95%. Refresher training and reminders on the policy are being provided. In terms of Covid-19, the biggest challenge for the infection control team has been FIT Testing which has now been carried out across the whole Trust. There remains a very small number of staff that have not passed FIT Testing on the three types of masks QVH currently has on offer and the committee was assured that these staff will not work in areas with aerosol generating procedures until a solution is found. The committee noted the reports and the commendable efforts and hard work of the infection control team in these challenging times. Reassurance was given on the reprioritising of the infection control team workload and resources to ensure patients and staff in all areas are kept safe.

### **5. Board Assurance Framework (BAF) key strategic objective 1 & 2**

KSO 1 has been updated to include the impact of Covid-19 pandemic on patient experience to future risks. To date, patients have been very understanding of the need for changes to appointments and surgery but concerns were raised with regard to the consequences for patient safety and satisfaction and the reported reluctance of some to seek treatment for

conditions which require medical attention and treatment. KSO 2 reported that three orthoplastic surgeons were appointed on 31 March 2020 and a fourth for the locum position which will become available in August 2020. Two new sections on Covid-19 were added to the BAF to reflect the rationale for the current score, and increased the risk rating to 16, (moderate). The committee noted that the BAF will require further review and subsequent assurance in the light of recent transformations to strategic and operational changes arising from Covid-19 as part of recovery planning.

**6. Quality and governance committee oversight and scrutiny**

The Board should note the change in the modus operandi of the committee to virtual conferencing and reduced meeting time to balance pressures of executive commitments. All papers were taken as read, questions submitted in advanced and prioritised to enable a focus on those most pressing. Questions that were important but less urgent have been circulated to relevant Directors for responses which will be published in the minutes and considered at the next meeting.



## Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	05/04/2020	Agenda reference:		76-20	
Report title:	Corporate Risk Register				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Karen Carter-Woods, Head of Risk and Patient Safety				
Appendices:	None				
Executive summary					
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				
Summary of key issues	Key changes to the CRR this period: <ul style="list-style-type: none"> <li>➤ One new risk added</li> <li>➤ No risk scores reviewed</li> <li>➤ No corporate risks closed</li> </ul>				
Recommendation:	Quality & Governance Committee is asked to note the Corporate Risk Register information and the progress from the previous report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by:	EMT				
	Date:	15/4/20	Decision:	Reviewed and updated	
Previously considered by:	Q&GC				
	Date:	16/4/20	Decision:		
Next steps:	For submission to trust board no changes to document				

## Corporate Risk Register Report February and March 2020 Data

### Key updates

#### Corporate Risks added between 01/02/2020 and 31/03/2020: 1

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1166	Introduction of new Liberty Safeguards Protection (LSP) legislation in 2020	Safeguarding Lead

#### No Corporate Risks were rescored this period

#### No Corporate Risks were closed this period

The Corporate Risk Register is reviewed monthly at Executive Management Team meetings (EMT), quarterly at Hospital Management Team meetings (HMT) and presented at Quality & Governance Committee meetings for assurance. It is also scheduled bimonthly in the public section of the Trust Board.

### Risk Register management

There are 72 risks currently on the Trust Risk Register as at 6<sup>th</sup> April 2020, of which 19 are corporate, with the following modifications occurring during this reporting period (Feb/Mar):

- Four new risks added: 1 corporate, 3 local
- Three risks closed: all local

Risk registers are reviewed & updated at the Business Unit Meetings, Team Meetings and with individual risk owners including regrading of scores and closures; risk register management shows ongoing improvement as staff own & manage their respective risks accordingly.



## **Risk Register Heat map**

The heat map shows the 72 risks open on the trust risk registers: risks that score 12 or more are managed via the Corporate Risk Register.

Five of the 19 corporate risks are within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		1	10	3	1
Possible 3		2	32	4 ID: 968, 1059, 1152, 1170	
Likely 4		4	10 ID: 1035, 1040, 1077, 1117, 1122, 1136, 1139, 1148, 1166, 1168	3 ID: 1125, 1163, 1167	0
Certain 5		1	1 ID1140	0	1 ID: 877

### **Implications of results reported**

1. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.
2. No specific group/individual with protected characteristics is identified within the risk register.
3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and NHSI.

### **Action required**

4. Continuous review of existing risks and identification of new or altering risks through improving existing processes.

### **Link to Key Strategic Objectives**

- Outstanding patient experience
- World class clinical services
- Operational excellence
- Financial sustainability
- Organisational excellence

5. The attached risks can be seen to impact on all the Trust's KSOs.

### **Implications for BAF or Corporate Risk Register**

6. Significant corporate risks have been triangulated with the Trust's Board Assurance Framework.

### **Regulatory impacts**

7. The attached risk register would inform the CQC but does not have any impact on our ability to comply with CQC authorisation and does not indicate that the Trust is not:

- Safe
- Effective
- Caring
- Well led
- Responsive

**Recommendation:** The Board is asked to **note** the contents of the report.

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1170	09/01/2020	Understaffing within Appointments Team	The Plastics/MaxFac appointments team is carrying two maternity leave posts which has now been exacerbated by several medium term absences and two resignations in quick succession around the Christmas period. □	Additional bank staffing has been sourced and will come on board asap. A wider review of the appointments/reception function is required to ensure the service is resourced and trained to meet the needs of all stakeholders, taking into account the relatively recent implementation of eRS.	Abigail Jago	Philip Kennedy	Compliance (Targets / Assessments / Standards)	12	6	4/2/20: 1xwte bank staff to cover to end of March - currently shortlisting for substantive post □ Leadership post advertised - awaiting JD approval from HR	KSO1 KSO3 KSO4 KSO5
1169	20/12/2019	Significantly reduced Consultant Histopathologist cover	Significantly reduced Consultant Histopathologist cover causing failure to meet turn around times and national cancer targets.	Locum Consultant currently employed until mid January 2020 □ Previous consultant covering additional cases on bank basis □ Plans in place for remote reporting by Skin lead at neighbouring trust for ad hoc work.	Abigail Jago	Fiona Lawson	Compliance (Targets / Assessments / Standards)	12	6	14/1/20: 1wte consultant recruited - overseas appointment, start date awaited.	KSO2 KSO3
1167	01/01/2020	Lack of Fallsafe Officer	GIRFT and HII recommendations state that every Ophthalmology Department should have a dedicated Fallsafe Officer to reduce the risk of patients being lost to follow up and to reduce the risk of undue delays to follow up appointments. □	Current Fallsafe duties reside with Business Manager, Service Manager and Service Co-ordinator. However, there is insufficient resource to manage fallsafe procedures adequately.	Abigail Jago	Marc Tramontin	Patient Safety	16	8	March 2020: reviewed at business meeting - cost pressure for post not prioritised at this time □ 4/2/20: reviewing internal efficiencies to support; post identified within Business Planning □ HSIB National report published with multiple recommendations	KSO1 KSO2 KSO3
1166	23/03/2020	Introduction of new Liberty Safeguards Protection (LSP) legislation in 2020	New LSP legislation becomes Law in October 2020. This will replace the DOLS aspect of the Mental Capacity Act. QVH must be compliant with the law so staff must know how to implement it as we have a duty of care to vulnerable patients who are not allowed to leave the hospital. Will apply to patients 16 years and over where lack of capacity has been assessed and identified. Will be subject to legal scrutiny.	MCA policy in place will require updating □ DATIX system already used for MCA and DOLS can be adapted for use with LSP □ MCA leaflets for staff and patients in place; will require updating □ Training for staff will require review and adjustment in line with legal requirements □ MCA task and Finish group set up March 2020	Jo Thomas	Pauline Lambert	Compliance (Targets / Assessments / Standards)	12	6	March 2020 MCA and LPS task and Finish Group set up	KSO1 KSO2 KSO3 KSO5
1165	06/11/2019	Inadequate Consultant radiologist cover	- As of the beginning of December, there will be 1 radiologist covering the entire department for both on-call and business as usual work □ - There will be no radiologist cover for MSK/Neuro CT/MRI □ - OOH is a patient and staff safety risk as 1 consultant cannot cover on-call alone	- outsourcing CT/MRI for neuro/MSK □ - Agency Reporting radiographer to report chest imaging □ - Bank MSK sonographer to aid service provision □ OOH remains the largest risk	Abigail Jago	Sarah Solanki	Patient Safety	16	8	04-02-2020 - adverts are back out for the consultant posts. Global fellowship conversations on-going between the clinical lead and the programme team □ 14-01-2020 - Vacancies to go back out to advert. developing SLA with Worthing for Consultant support 1 day per week. Global fellowship programme also being explored by lead clinician □ 18-12-2019 - new substantive H&N consultant now not coming, one post - candidates may not be suitable and 1 has been withdrawn □ To support current radiologist, we have a bank consultant sonographer to support the MSK US service □ MRI/CT reporting normally covered by LC will be outsourced. On-call doctor has agreed to cover weekend on call to help support for the interim period until the beginning of January □ There is a residual risk to the service if our only consultant has sickness.	KSO1 KSO3 KSO5
1152	02/09/2019	Internal audit - Fire Risk Assessment reviews not taking place	If Fire Risk Assessments (FRA's) are not taking place and they are not being reviewed annually, hazards do not get identified □ The estate may not be compliant and people may be at risk	FRA's are reviewed on annual basis □ Head of Estates working with the Fire Safety Advisor, re-writing / reviewing FRA's where required □ Key focus of work since Q1: Hospital Estate is up to date now, with no areas outstanding □ Calendar reminders in place to ensure that they will not go out of date, Fire Safety Advisor and Technical Services Assistant leading □ Regular training to all staff: high compliance rate, continuously improving □	Michelle Miles	Phil Montague	Estates Infrastructure & Environment	12	6	06/11/2019 All FRA's now up to date and progressing □ October □ Update of all FRA's □ Start: 15/19 □ Due: 1/19/19 □ Completed: 22/10/19 □	KSO3
1148	24/07/2019	Clinical coding backlog	Coding backlog now at significant level □ Potential to impact income recovery □ Clinical indicator data unavailable	-overtime approved □ -agency approved: restraints obtaining agency workers □ -monitoring reports 3x weekly □	Michelle Miles	DBRE	Finance	12	6	09/12/2019 □ - Onsite & Remote coding support in place with external company □ - All untrained staff completing their training by Week Ending 15/12/2019 □ - EDM new process implemented to reduce time from Discharge to being available on Evolve □ - Options paper being written to look at how to structure service from 2020 □ 02/09/2019 □ - Agency clinical coders now working during week and weekends □ - Internal staff are working overtime □ - External outsourcing company doing remote coding for all notes on EDM □ - Proposal being produced for a blended onsite and remote coding support from external company □	KSO4
1145	19/03/2019	Current PACS contract ending in June 2020	QVH is in a consortium for PACS/RIS/VNA with 5 other trusts from Surrey & Sussex □ Phillips provide a managed PACS/RIS/VNA (Vendor neutral archive) service to QVH and the other 5 trusts. The current contract was extended in 2016 to allow the contract to run until June 2020 under the 5+2 terms of the original contract □ All 6 trusts have stated they want to remain in this consortium and potentially expand to include another Surrey trust □ There is now limited time available to re-procure PACS/RIS/VNA before the current contract runs out; without which there will be no PACS system □ There is currently no project board or business case aligned to this procurement process □ ESHT has said they are happy to lead on the project, with input from all trusts as and when requested □ The data in the VNA is known to be incorrect across all sites, and if the SAS PACS consortium approve a plan to move PACS providers then the migration of data may need to occur from PACS to PACS - this will add a delay for migration □	ESHT have said they will lead on a re-procurement process for the consortium □ Phillips have said they will extend the current contract - costs will need to be agreed as hardware will need replacing.	Abigail Jago	Sarah Solanki	Information Management and Technology	16	4	04-02-2020 - PACS consortium meeting on 30th Jan: presentation from Hyland for the VNA extension. Trusts need to formally agree to this work by mid February at Trust board level as work needs to proceed ASAP to ensure the tight timeline □ 14-01-2020 - I raised concerns to the programme manager around the timeline as there was a lot that needed to be completed by the 20th Jan and our next meeting is the 30th Jan. I have asked DDOF and others at QVH for any updates (in case they have had meetings that I am not abreast of). I vocalised my concerns to the programme manager around resourcing, business as usual arrangements around migration. Reply sent was not really reassuring as it still had a lot of unknowns on it. Awaiting update locally and we will arrange a local meeting prior to the formal PACS meeting on the 30th □ 18-12-2019 - PACS meeting cancelled today. Call re VNA specification 19-12-2019. Timeline is incredibly tight and there are large risks around this. This may need re-scoring in January if some actions have not been completed □ 06-11-2019 - PACS meeting 16th Oct and 30th Oct. VNA is not included in the contract extension proposal by Phillips. VNA end of life. Critical that decision amongst consortium is timely in terms of VNA solution. QVH keen to not do extension for 12-18 and feel that 5-10 year VNA contract could progress separately to PACS extension. Hyland presented - 50% cheaper than Phillips for VNA work □ 19-09-19 DDOF and RSM attended the meeting. Update - All consortium trusts accepting of extension. ToR/MoU issued to each trust for discussion and formal acceptance by all trust boards. Work to be done by PACS managers in terms of completing spreadsheet prior to next meeting. Phillips are presenting to consortium at October meeting about proposed solutions and costs. There is more clarity and less risk around the legality of contract extension. Procurement leads in regular contact □ 13-08-2019 DDOF and CIO attended the PACS meeting at the end of July. update - Consortium remain undecided in terms of preferred solution/option. There is a clear risk that we won't re-procure in time. Clear need to extend the contract in the interim. Score increased, added to CRR □ 09-07-2019 - Meeting held to discuss the risks surrounding this project. Agreed that the score needs to be revised to Corporate due risk to QVH □ 5/7/19: R/V with exec lead - concerns around procurement process, consortium plan and associated risks; escalated to Director of Operations □ 21-06-2019 - The Statement of Intent has now been sent to all financial directors within the consortium. No further updates about this have been received. RSM attending a PACS meeting this Friday 28th May. □	KSO1 KSO2 KSO3 KSO4
1139	14/01/2019	Risk to patients with complex open lower limb fractures	Patients with open complex lower limb fractures require time-critical shared care between plastics & orthopaedic service, in line with BOAST 4 and NICE recommendations □ This is sometimes not achievable with the current configuration of services and available personnel & equipment plus theatre time.	Current SLA in place for plastic surgery provision to BSUH □ -on-site plastic provision most weekdays □ -when possible, patients receive orthopaedic treatment in BSUH prior to transfer to QVH for soft tissue surgery □ Planned SLA: by end of 2019 □ - 24/7 cover at BSUH for plastic surgery provision to achieve joint operating to comply with BOAST 4 & NICE recommendations □ - Inform SOP in development for lower limb patients to be transferred to QVH □ Equipment required: 'C-arm' in Capital Planning 2019/20	Keith Altman	Paul Gable	Patient Safety	12	6	January 2020: x3 post to be advertised asap □ Dec: nil further to update □ October: awaiting update from BSUH □ August update: agreement to recruit to three posts and establish rota enabling a robust, sustainable on-call and lower limb trauma service to the region □ July update: Provisional agreement for three new consultant appointments jointly to QVH & BSUH. Temporary diversion of complex lower limb trauma to other network providers. Flowchart and SOP for cases that can be undertaken at QVH developed □ June update: Director of Strategy and MD met with BSUH regarding QVH proposal for lower limb orthopaedics service; response awaited from BSUH & Western MD's □ May update: discussions with BSUH ongoing □ March update: R/V by Medical Director BC in development for 24/7 Plastics cover. BOAST 4 compliance remains poor; presentation to April Board Seminar	KSO1 KSO2 KSO3

	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/updates	KSO
1136	20/12/2018	Evolve: risk analysis has identified current risk within system processes and deployment	<p>There are a significant risk with the current provision of the EDM service within the Trust. The Chief Clinical Information officer has completed a risk analysis which has identified current risk within system processes and deployment.</p> <p>There are hazards which remain at level 4 and above using the NHS digital clinical risk management risk matrix indicating the need for: "mandatory elimination or control to reduce risk to an acceptable level".</p> <p>Unacceptable level of risk have been identified in the following areas:</p> <ul style="list-style-type: none"><li>• documentation availability and scanning quality</li><li>• partial rollout of EDM - operating a hybrid model</li><li>• event packs not sent for scanning</li><li>• system speed</li><li>• E form instability</li><li>• incorrect patient data being uploaded to EDM (internal scanning)</li></ul>	<p>An urgent clinical safety review of EDM was undertaken in May 2018 (version 1.1), this review (version 2.3) is a follow-up from that document.</p> <p>-New project manager appointed in August 2018 &amp; analysis undertaken of the extent of the hazards within EDM: new team built to manage the business as usual, and to plan further rollout of EDM.</p> <p>-Project remediation plan developed to address critical issues and to roll out EDM to all remaining areas.</p> <p>-Quality assurance of scanning now in place with improved administration process.</p> <p>-On-site Documentation availability process improved with centralisation of pre scan preparation: further work needed to increase collection frequency.</p> <p>-Off-site availability of clinical documentation: rollout of laptops with 4G functionality and remote access in place for those sites that do have native connectivity through the host network.</p> <p>-Incorrect patient data being uploaded to EDM: centralisation of EDM process has achieved greater quality assurance of scanning (introduction of order communications system - no longer a requirement for reports to be uploaded to evolve).</p> <p>-Event packs: existing scanning pickup service is 2 days a week - inevitable that notes will not be available in time for review following discharge from surgery; to avoid notes not being available, the event packs are made available physically.</p> <p>-System speed: series of measures being evaluated to address including the log on times to system being reduced by the use of single sign on in "kiosk mode" plus the roll out of faster pc to clinical areas and the upgrade of operating system to windows 10.</p> <p>-Eform instability: It is possible for a user to finalise the living form at the end of a treatment episode. The Trust has worked closely with Kainos the provider of the EDM software to develop fixes for the Eform instability. The fixes have been tested and have been uploaded to the live environment. Testing being completed to verify instability issues have been addressed</p>	Michelle Miles	Mr Jeremy Collyer	Patient Safety	12	6	<p>January 2020:</p> <p>Issues with eForms within MaxFax, Sleep and Orthodontics where an error screen is displayed when a user attempts to save a recently typed notation into the eForm: the technology affected is a "middleware" application provided by a 3rd party - pre-defined escalation route is currently being followed.</p> <p>October update: Trust reporting on a monthly basis to NHS digital as part of the TSSM (trust system support model) process.</p> <p>Partial deployment remains the single biggest risk: significant progress towards resolving this.</p> <p>Go live in plastics: planned for November 18. Prior to this rollout, evolve is to be upgraded to the latest available version in preparation for trust deployment of Windows 10.</p> <p>E-form instability issues resolve: completed rollout of iPads to clinical areas.</p> <p>Daily pickup of event packs now place.</p> <p>August update: following the NHS digital feedback, the progress made with scanning volumes, improved training stats and the momentum with preparing Plastics score reduced to 12.</p> <p>14/2/2019 update: changes to the configuration of the anti-virus software in the trust have improved speed of application. Accelerated scanning of active health records library now underway. iPads running evolve in native app now deployed to a number of Ward clinic and theatre areas. New process for charging iPads within theatres have been implemented and are currently bedding in as part of an end-to-end admissions / theatre processes review. Patients with scanned notes are now being seen in Plastics (not live) as part of multi-disciplinary and/or parallel care pathways. Options to mitigate this impact and associated risk are currently being investigated.</p> <p>14/02/19 5 days a week collection now in place - System speed. There are series of measures being evaluated to address this including the longer term upgrade of operating system to windows 10.</p> <p>28/1/19 Update: EDM Project Board reviewing options</p> <p>Event packs - With the existing scanning pickup service only being 2 days a week on Tuesday and Thursday it is almost inevitable that notes will not be available in time for review following discharge from surgery. To avoid the notes not being available, the event packs are not sent for scanning and made available physically.</p>	KSO3 KSO4
1122	30/08/2018	RTT Delivery and Performance	<p>- The Trust's RTT position is significantly below the national standard of 92% of patients waiting &lt;18 weeks on open pathways. This position has reduced further in July following the identified of a cohort of patients that have historically not been included in the RTT waiting list position.</p> <p>- 52 week position has deteriorated following identification of additional patients</p>	<p>July 18:</p> <ul style="list-style-type: none"><li>-Comprehensive review of spoke site activity has taken plan to identify all patients that should be included in the Trust RTT position</li><li>Data upload now in place to enable the reporting of PTL data from Dartford spoke site that was previously not identified.</li><li>Weekly PTL meeting in place (Chair DOO) that reviews patient level data for all patients &gt;38 weeks for each speciality</li><li>- Additional theatre capacity is being identified through PS (McIndoe) and NHS (ESHT Uckfield theatres)</li><li>Recovery plan in place</li><li>-4 additional validators to start in post 29th August</li><li>-HST supporting capacity and demand work</li><li>- commissioners have identified capacity outside of the trust for dental T1/T2 referrals</li><li>- commissioner are in the process of identifying capacity for other long wait patients</li></ul>	Abigail Jago	Victoria Worrell	Compliance (Targets / Assessments / Standards)	16	9	<p>4/2/20: ongoing reduction in 52 week waits - RTT Action Plan continues; operational overview through weekly PTL meeting.</p> <p>22/11/19: remain behind trajectory with ongoing improvement of RTT position including reduction in numbers of 52wk patients and patients waiting over 18wks; ongoing challenges with patients deferring treatment through choice - score reviewed with Exec Lead and amended.</p> <p>11/9/19: ongoing delivery of RTT recovery plan. Trust open pathway performance on track; challenges remain with corneo plastic trajectory due to non-consultant medical cover - full service review underway. 52WVW trajectory behind plan due to high levels of patients choosing to defer treatment.</p> <p>5/7/19: RV with Exec Lead - RTT open pathway performance on track with trajectory; 52 week waits challenges ongoing regarding patient choice - national issue, escalated to NHSI and commissioners.</p> <p>5/4/19: RV with Exec Lead - capacity planning complete: activity to deliver 2019/20 plan has been signed off with Commissioners and on track with revised trajectory</p> <p>8/3/19: 2019/20 capacity planning underway including potential independent sector activity - on track with performance plan</p> <p>14/2/19: Exec lead r/v - RTT plan agreed with commissioners and on track re: 52 wk waits and percentage performance.</p> <p>Update (Oct 18): RTT validation programme complete. RTT Action Plan in place &amp; being monitored through fortnightly System Task &amp; Finish group, weekly assurance call with NHSI &amp; via internal assurance processes. Revised trajectories being agreed with Commissioners. Clinical Harm Reviews underway.</p>	KSO1 KSO2 KSO3 KSO4 KSO5
1122	16/08/2018	Sentinel Node Biopsy: increase in demand	<p>Rise in demand to perform Sentinel Lymph Node Biopsy for skin cancer.</p> <p>Not enough capacity in theatres &amp; clinics to undertake them all.</p>	<p>* Extra Clinics</p> <p>* Three procedures per week to be undertaken in the McIndoe Unit from September 14th 2018</p> <p>*Weekly review of cancer PTL</p> <p>* additional capacity in place</p>	Abigail Jago	Paul Gable	Patient Safety	12	9	<p>4/2/20: BC reviewed and expanded for reubmission. Currently reviewing clinic availability - exploring triage arrangements.</p> <p>Dec update: worsening regional capacity issues - continued increase in referrals and decrease in imaging capacity required prior to SLNB.</p> <p>22/11/19: referrals continue to increase, sustainable skin-service review in progress - cases continue to be outsourced to support capacity.</p> <p>11/8/19: Capacity continues to be delivered in independent sector. Options for sustainable capacity being assessed in relation to medical provision changes to support BSUH.</p> <p>5/7/19: RV with Exec Lead - additional independent sector capacity ongoing. BC for substantive consultant post in progress.</p> <p>May update: PoaP submitted to EMT - further information requested.</p> <p>8/3/19: PoaP being developed for substantive capacity.</p> <p>14/2/19: Clarity sought regarding clinical harm monitoring for these patients: advised that the melanoma has already been removed and QVH are providing the secondary surgery.</p> <p>The patients where there is a potential risk are the 'incompletely excised' ones - those are tracked and prioritised.</p> <p>February 7th update: Summary Business case to EMT for 1wte skin consultant.</p> <p>Oct update: outsourced capacity to McIndoe</p>	KSO1 KSO2 KSO3 KSO5
1117	25/06/2018	Failure to meet legislative requirements of the Failed Medicines Directive	<p>Failed Medicines directive due to come into force in February 2019. Trust will be unable to comply with the legislation when first in place.</p> <p>Under the Directive, all new packs of prescription medicines placed on the market in Europe from February 2019 onwards will have to bear two safety features: a unique identifier (UI) in the form of a 2D data matrix (barcode) and an anti-tamper device (ATD).</p> <p>- Anti-tampering device</p> <p>- Pharmacies, and those who are authorised to supply medicines to the public, will be required to authenticate products, which means visually checking the ATD and performing a verification and de-commissioning scan, "at the time of supplying it to the public".</p>	<p>1. Information on actions being gathered.</p> <p>2. On-going discussions at KSS Chief Pharmacists meetings and concerns being fed back to NHS England.</p> <p>3. Nov 18 Quote has been sent from JAC regarding implementation. Included in business planning.</p> <p>4. Planning underway for upgrade to current JAC version. Will include ability to link FMD software although may not initially be switched on.</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives.</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres.</p> <p>7. Management of activity in the event that staffing falls below safe levels.</p> <p>8. SA: Action to improve recruitment time frame to reduce avoidable delays</p>	Abigail Jago	Judy Busby	Compliance (Targets / Assessments / Standards)	12	2	<p>1/2/20: No change from previous update.</p> <p>17/1/20: JAC upgraded and working well. Waiting for DM+M compliance work to be completed by JAC. Funding for JAC option for FMD compliance submitted in business plan.</p> <p>11/10/19 JAC upgrading 16th Oct 2019. Will be able to start working towards FMD compliance once complete.</p> <p>27/8/19 Still trying to move forward with JAC upgrade - delays in progress due to JAC. Looking into alternative options.</p> <p>July 2019 Moving forward with JAC upgrade</p> <p>May 2019 Currently working with JAC to upgrade Pharmacy IT system. FMD software still in testing so a further will upgrade will be needed at a later date once working fully.</p> <p>March 2019: Reviewed at the Clinical Support Services Governance meeting (19/03/2019) -</p> <p>Software currently not available, this is an issue for all Trusts nationally: work underway externally to devise programme, will not be before December 2019.</p> <p>1/10/18 - Information is still being gathered. Concern by all KSS Chief pharmacists that there is not enough information available. Brexit may also affect the data.</p> <p>21/1/18 - controls updated - JAC has sent quote for software. Included in business planning</p>	KSO2 KSO3
1077	22/08/2017	Recruitment and retention in theatres	<p>* Theatres vacancy rate is increasing</p> <p>* Pre-assessment vacancy rate is increasing</p> <p>* Age demographic of QVH nursing workforce: 20% of staff are at retirement age</p> <p>* Impact on waiting lists as staff are covering gaps in normal week &amp; therefore not available to cover additional activity at weekends</p> <p>June 2018:</p> <ul style="list-style-type: none"><li>* loss of theatre lists due to staff vacancies</li></ul>	<p>1. HR Team review difficult to fill vacancies with operational managers.</p> <p>2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment &amp; retention via social media.</p> <p>3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity.</p> <p>4. Trust is signed up to the NHSI nursing retention initiative.</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives.</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres.</p> <p>7. Management of activity in the event that staffing falls below safe levels.</p> <p>8. SA: Action to improve recruitment time frame to reduce avoidable delays</p>	Abigail Jago	Sue Aston	Patient Safety	12	4	<p>January 2020: currently covering long term sickness &amp; mat leave in addition to staff cover covering PAC and recovery. 6 new B5 recruits currently supernumerary: 1 to mid Jan, others to Mid Feb continued recruitment to 3 B5 vacancies one Feb/March timeframe. Working to be at full establishment or as near as by late spring.</p> <p>Increase in regular bank staff, decreasing agency use.</p> <p>Dec: Theatres Registered Practitioner vacancies at 4wte.</p> <p>Ten new recruits currently working supernumerary awaiting PIN / on orientation.</p> <p>21/10/19: Theatres Registered Practitioner vacancies at 10.45ate Overseas &amp; local recruits require period of supernumerary to gain PIN &amp; orientate to department respectively.</p> <p>Potential five recruits in system (full update in documents).</p> <p>11/8/19: ongoing work with overseas nursing / local recruitment campaign / introduction incentive. Apprenticeship programme for associates underway.</p> <p>July 2019 recruitment campaign continuing. Overseas nurses working through a programme to be able to obtain PIN numbers. Score reviewed.</p> <p>March update: four overseas recruits due to start April / May plus four local recruits by end of May</p> <p>February update:</p> <ul style="list-style-type: none"><li>-International recruit gained NMC PIN, further posts offered with start dates April 2019.</li><li>-October update: some success with recruitment. CCG reviewed Theatre services 11/10/18 - no safety or quality issues were identified written report awaited.</li><li>-13/8/18: x4 WTE Staff Nurse posts recruited to, all with theatre experience.</li></ul> <p>Recruitment process underway for new staff to include international recruits.</p> <p>Dubai recruitment: +/- 45 posts offered: awaiting uptake and detail.</p> <p>9/7/18: TUG agreed to pilot different minor procedure staffing model from July '18:</p> <p>Practice Educator in Dubai to interview potential staff.</p> <p>12/6/18: further work on theatre establishment &amp; budget. Testing feedback from staff re: skill mix.</p> <p>14/5 (CGG): Pre-assessment almost at full establishment.</p> <p>12/2/18: recruitment to pre-op assessment plus social media recruitment drive.</p> <p>January 2018 update: all HCA's now in post</p>	KSO1 KSO2
1059	22/06/2017	Remote site: Lack of co-location with clinical specialities & facilities which may be required to manage complications of procedures undertaken at QVH	<p>Lack of co-location with clinical specialities &amp; facilities which may be required to manage complications of procedures undertaken at QVH</p>	<p>SLA with BSUH re: CT scanning, acute medical care, paediatric care and advice.</p> <p>Guidelines re: pre-assessment &amp; admission criteria, to QVH:</p> <p>Skilled and competent medical and nursing staff with mandatory training focused on QVH specific risks:</p> <p>Clinical governance oversight of scope of practice at QVH</p>	Keith Altman	Mr Jeremy Collyer	Patient Safety	12	10	<p>October: nil to update.</p> <p>18/7/19: Formation of Sussex Acute Care network - discussing areas of clinical risk on all sites across the STP. Agreement for appointment of QVH Physician, bringing total physician cover to four days per week. Network agreement for OMFS trauma cover near completion &amp; agreement for orthopaedics progressing.</p> <p>May 2019 update: CT scanning services working well: exploring out of hours provision going forward. MAU discussions with BSUH continue.</p> <p>October update: CT onsite will be operational December 2018 - joint programme manager commenced in post September 2018.</p> <p>13/8/18: reviewed at CGG - plan for instalment September.</p> <p>14/5/2018 (CGG): some progress re: discussions between sites - joint (BSUH &amp; QVH) programme board established and CT procurement process underway</p>	KSO1 KSO2 KSO4

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period. No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics. Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy/CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Fluoro room. Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020 Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable hospitals during periods of extended downtime. Plan to replace Fluoro/CR room in 2019-2020 Ultrasound- 2 US units are over the Royal College of Radiologists (RCR) year's recommended life cycle for clinical use. Plan to replace 1 US machine for 2019-2020	Abigail Jago	Paul Gable	Patient Safety	12	2	<p><b>04-02-2020</b> - The MES option is moving forward but will take around 9-12 months. A framework solution is preferred due to the risk and size of the project. An interim modular MRI solution is being scoped for April onward. We will staff this ourselves and have been recruiting staff. Given the fragility of the Fluoroscopy suite, the trust have decided to purchase this from capital for 2021. Supply chain have been approached for quotes.</p> <p>14-01-2020 - developing a strategy with procurement around the MES option. Meeting on Friday 10th and actions for both RSM/head of procurement. The CEO has asked for funding for MRI from the government and has local CCG/STP/IMP support - no update re centralised funding for MRI.</p> <p>18-12-2019 - the CEO has applied for government funding for the MRI and has support from the STP/Cancer alliance networks and commissioners. MES still to be kept moving in case the centralised funding does not get agreed.</p> <p>22/11: submission for emergency capital made.</p> <p>01-11-2019 - LOF not going to fund Fluoroscopy. MRI contract - cannot go out for same as current provision. Decision to investigate MES for a total radiology long term solution for all equipment.</p> <p>19-09-2019 The fluoroscopy business case has been shared with the LOF - this was meant to be presented at their recent AGM but this was cancelled. The Ultrasound Business case is being discussed at October meeting. The MRI Business case should have financials completed today.</p> <p>11/9/19: successful software repair undertaken - six months warranty in place. BC with LoF.</p> <p>13-09-2019 - Trust supportive of fluoro replacement via the LOF. US funded by trust. Fluoro room has now had critical failure which means that resilience of current x-ray service is poor and non-existent for the barium/video swallow service. We have a hired C arm which we can utilise for the sialogram/plasty service. Escalated to director of operations.</p> <p>09-07-2019 - Asked to provide more information about the fluoroscopy equipment for EMT so they can prioritise their urgent needs to charitable funds. US may have been agreed by trust.</p> <p>18-06-19 - Radiology asked to prioritise equipment. Fluoroscopy and US machine requested. Requested for charitable funds to fund fluoroscopy equipment - decision awaited.</p> <p>June update: Bid to charity funds / League of Friends.</p>	KSO1 KSO2 KSO3
1038	09/01/2017	inability to recruit adequate numbers of skilled critical care nurses across a range of Bands	* Failure to recruit adequate numbers of skilled critical care nurses across a range of Bands. * Intensive Care Society recommends 50% of qualified nurses working on CCU team should have ITU course: this is currently complied with due to existing workforce, new staff joining from C-Wing and transfer of vacancy rates. * move of step-down beds to CCU has increased the vacancy rate. * potential for cases to be cancelled	1. Burns ITU has a good relationship with 3 nursing agencies. Via these agencies we have a bank of 8 - 10 nurses who regularly work on our unit, and are considered part of our team. 2. A register is kept of all agency nurses working in CCU, they all have ITU Course or extensive experience. 3. Concerns are raised and escalated to the relevant agencies where necessary and any new agency staff are fully vetted and confirmed as fully competent to required standards. 4. Recruitment drive continues & review of skill mix throughout the day and appropriate changes made. 5. Review of patient pathway undertaken following move of step-down patients to CCU. for review October 2017. 6. International recruitment undertaken, appropriate staff moving through required checks. Continue to advertise registered staff positions. 7. Paper agreed at HMT to support current staffing issues in CCU. Vacancy remain high with long term sickness and maternity leave. Must ensure 50:50 split between CCU substantive staff and agency. Staff aware of the action.	Jo Thomas	Nicola Reeves	Patient Safety	12	9	<p><b>March 2020:</b>   Band 5 vacancy = 0.95 WTE   Band 6 vacancy = 0.84 WTE   Recruited into the band 6 role: start on the 30th March. Vacancy may increase due to E-Obvs nurse secondment   0.6 band 5 nurse starting maternity leave for a year in June.   1 international nurse who is on supernumerary time until the 23rd March.   January 2020:   Band 5 vacancy = 0.95 WTE   Band 6 vacancy = 1.84 WTE - increased due to 1wte nurse seconded to E-Obvs project   Unexpectedly overseas staff require support when caring for ventilated patients: action plan in place to address this however it reduces the skill mix.   Recruited into the band 6 vacancy 0.80 WTE - still awaiting recruitment clearance. The band 5 vacancy is for the band 4s that will be coming into the unit.   Nov 19:   B5 = 0.94wte   B5 = 0.95wte   X 3 international nurses (B4) awaiting OSCE's   Oct   Band 5: 5.22 WTE in post and 3 full time international nurses joining who have not yet arrived, passed OSCEs or are ready to work clinically.   1 international nurse has passed OSCE, NMC registered currently working supernumerary to achieve the initial 6 week competencies.   1 international nurse working towards passing OSCE   9/8/19: Vacancy B5 = 1.46 WTE - 1.0 WTE started - international starters in July will not be included within the establishment until August   Vacancy B5 = 3.16 WTE - 3.0 WTE due to start in September/ October   Vacancy rate of 23%   5/7/19: Band 6 vacancy rate: 1.28 WTE - rlv with DoN and resourced.   International nurses not yet arrived, passed OSCEs or ready to work clinically so although recruitment is improved bank staff continue to be required.</p>	KSO1 KSO2
988	20/06/2016	Delivery of commissioned services whilst not meeting all national standards/criteria for Burns and Paeds	-Potential increase in the risk to patient safety -on-call paediatrician is 1 hour away in Brighton -Potential loss of income if burns derogation lost -no dedicated paediatric anaesthetic list	*Paeds review group in place *Mitigation protocol in place surrounding transfer in and off site of Paeds patients *Established safeguarding processes in place to ensure children are triaged appropriately, managed safely *Robust clinical support for Paeds by specialist consultants within the Trust *All registered nursing staff working within paediatrics hold an appropriate NMC registration *Robust incident reporting in place *Named Paeds safeguarding consultant in post *Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age *Surgery only offered at selected times based on age group (no under 3 years OOH) *Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age *SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3 sessions per week on site at QVH	Jo Thomas	Nicola Reeves	Compliance (Targets / Assessments)	12	4	<p>Dec: update from commissioners still awaited; re-requested at CQPRM Dec 4th   Nov: interim inpatient paed burns divert continues - no reported issues. Update on number of diverts requested from commissioners.   Working group QVH / BSUH to consider options; adult burns service aligned to provision of major trauma centre at BSUH   Sept 30th: Review of Paeds SLA &amp; service provision   DoN met with BSUH WAC CD to discuss impact of inpatient paed burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discussions planned once respective Directors briefed.   July update: KSS HOSC Chairs meeting (10/7) to share interim divert plans - QVH patient pathway continuing to follow established larger burns protocol with patients being treated at C&amp;W or Chelmsford. HOSC supportive of safety rationale &amp; aware that further engagement &amp; review of commissioned pathway required - to be led by NHSE Specialist commissioning.   June update: Inpatient paed burns BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paed burns to go to other providers from 1st August. LSEBN aware &amp; involved in discussions.   May update: presented to Board - discussions with Burns Network and Commissioners held.   March 11th update: Paeds BC discussed at private board - formal decision awaited from BSUH   BC for shared paediatric inpatient Burns Service near completion; to go to Board May '19: alternative patient pathways may need to be explored with commissioners and Burns Network   January 2019:   Process underway to finalise business case; currently working through the financial model.   Plan to present business case to commissioners in February and final business case to the Trust Board in March.   October update: Business case to be developed, activity data available and workforce plans underway.   13/8/18: sub-group convened and meetings commenced   12/7/18: meeting held with Brighton to progress pathway   12/6 update: Datz fellow in post (1/6), reviewing paediatric inpatient burns   14/5 update: position paper presented at March HMT - nil new changes</p>	KSO2 KSO3 KSO5
838	21/10/2015	Financial sustainability	1) Failure to achieve key financial targets would adversely impact the NHS 2) Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan 2) Standing financial Instructions 3) Contract Management framework 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls 7) Internal audit plan	Michelle Miles	Jason McIntyre	Finance	24	16	<p>January 2020:   2019/20   Performance M8: deficit of £5.6m YTD; £0.8m less than plan. Clinical income under-recovery has been partially offset by expenditure underspends.   Full year forecast deficit of £5.4m; £1.0m worse than plan   Cost savings of £0.8m YTD, Savings of £1.2m identified; £0.5m less than plan   Finance &amp; Use of Resources - 3 (Planned 4)   November:   2019/20 Performance M6: deficit of £4.1m YTD; £61k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends.   Full year forecast deficit of £5.1m; £0.6m worse than plan   Cost savings of £1.2m identified; £0.5m less than plan   Finance &amp; Use of Resources - 3 (Planned 4)   August   2019/20 Performance Month 3 YTD £439k behind plan due to income shortfall   Current run rate forecast deficit of £11m   CIP performance £205k/£178k for YTD Month 3   Finance &amp; Use of Resources - 3 (Planned 4)</p>	KSO4

## Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	07/05/2020	Agenda reference:		77-20	
Report title:	Quality & Safety Board Report				
Sponsor:	Jo Thomas, Director of Nursing and Quality Keith Altman, Medical Director				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	a) Patient experience report				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	<p>The Boards attention should be drawn to the following key areas detailed in the reports:</p> <ul style="list-style-type: none"> <li>The Trust's response and mobilisation to the to the Covid-19 pandemic</li> <li>Data gaps throughout the report, which are due to staff responding to the Covid-19 pandemic.</li> </ul>				
Recommendation:	The Board is asked to note the level assurance taken from the report which gives an oversight of the quality and safety of care and should be read in conjunction with the chair of the Q&GC report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	The Quality Report contributes directly to the delivery of KSO 1 and 2, elements of KSO 3 and 5 also impact on this.				
Corporate risk register:	CRR reviewed as part of the report compilation –and the workforce and RTT18 risk impact the most on quality, safety and patient experience.				
Regulation:	The Quality Report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.				
Legal:	As above The Quality and Safety Report uphold the principles and values of The NHS Constitution for England and the communities and people it serves – patients and public – and staff.				
Resources:	The Quality and Safety Report was produced using existing resources.				
Assurance route					
Previously considered by:	EMT Quality and Governance Committee				
	Date:	15/04/20	Decision:		
		16/04/20			
Next steps:	Submit paper for board assurance				

## Executive Summary - Quality and Safety Report, May 2020

### Domain

### Highlights

The impact of the Coronavirus pandemic is a challenge to the way we are delivering services in our organisations, across Kent Surrey and Sussex and nationally.

The Board met in private on 2 April 2020 and approved the Transfer of QVH trauma activity to Horder Healthcare (TMC), the TOR for the QVH/Horder Healthcare Covid-19 Activity Planning Group, The Covid-19 Service Plan and the Cancer Plan in repose to the regional request for QVH to provide urgent cancer surgery for head and neck , breast and skin throughout this pandemic.

#### Director of Nursing and Quality

This has required a major review of our clinical pathways and standard operating procedures to plan the required changes in patient referral and service provision to achieve this . The operations teams have worked above and beyond to mobilise this plan in the last 2 weeks and begin delivery of this. The trust safety and governance teams have been included and integral to this process to ensure the redesign if safe and quality is maintained. It is acknowledged that patient experience may be affected by additional travel to this site, restriction of visitors and additional screening (which may necessitate an additional journey to QVH. For elective patients or patients with less urgent cancers there will be additional waits for outpatient appointments/procedures/surgery).

During February and March the EPRR officer continues to lead and co-ordinate the trust response and all directors and their teams been actively involved in the Sussex, regional and National system response to Coronavirus . QVH remains fully sighted on national guidance and this is being distributed to the workforce daily via daily incident room WebEx and all staff users bulletins.



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Three QVH/BSUH linked substantive consultant orthoplastic posts were appointed on the 31st March, 2020. In addition, due to the forthcoming resignation of one of our existing orthoplastic surgeons, we were able to appoint a fourth surgeon to the locum post, which will be available in August pending advert and appointment of the substantive post in the future.

**Medical Director**

Due to COVID-19 revalidation and appraisal has been affected. The GMC has issued new guidance that doctors who are due to revalidate before the end of September 2020 will have their revalidation date deferred for one year. This will be kept under review and the GMC will make further deferrals as necessary.

Appraisals are suspended from 19th March, 2020 until further notice, unless there are exceptional circumstances agreed by both the appraisee and appraiser. Until reinstated, Responsible Officers (ROs) are asked to classify appraisals which are affected as 'approved missed' appraisals. For clarity, affected appraisals will be regarded as cancelled, not postponed.

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Report by Exception - Key Messages

Domain	Issue raised	Action taken
Safe: clinical harm reviews	<p>Clinical Harm Review meetings: Trust continues to reduce the 52 week breaches against an agreed trajectory with regulators and commissioners to achieve zero 52 week breaches by April 2020.</p>	<p>Clinical Harm Review meetings were established from July 2018 for patients waiting over 52 weeks and cancer patients waiting over 104 days as per the national guidance ‘Delivering Cancer Waiting Times’. Membership includes Head of Risk &amp; Patient Safety, Director of Nursing and Medical Director with clinical team representation, this is usually the CD.</p> <p>The majority of cases are Max Fac (Dental) and Plastics and any that cannot be confirmed at the time of review as ‘no harm’ are followed up until point of treatment to ascertain if any harm has been caused: there have been nil harms identified so far.</p> <p>To the end of January 2020 642 reviews have been undertaken:</p> <p>July: 40 – MaxFac and plastics; Aug: 129 – MaxFac and plastics; Sept: 75 – plastics / Corneo / H&amp;N plus Medway MaxFac; Oct: 35 – MaxFac / H&amp;N / plastics and skin; - Nov: 30 – plastics, MaxFac and Corneo; Dec / Jan: 36 – MaxFac and plastics; Feb: 53 - MaxFac and plastics; March: 32 – plastics; April / May: 10 – MaxFac and plastics; June / July: 55 – MaxFac and plastics (incl. D Valley); August / September: 65; October / November: 37; January 10 Maxfax; Feb / Mar 35 (Plastics &amp; Maxfac)</p> <p>Patients have been under surveillance so far are all confirmed as no harm; There is one MF patient currently under surveillance.</p> <p>The Head of Risk &amp; Patient Safety meets with the CCG to discuss the cases reviewed for assurance purposes. The clinical harm review process will extend into 2020/21 due to the increased numbers of delayed elective care due to the government requirements to cease this work during the pandemic to date.</p>

## Safe - Covid-19

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### General Principles which have been applied throughout the Trust

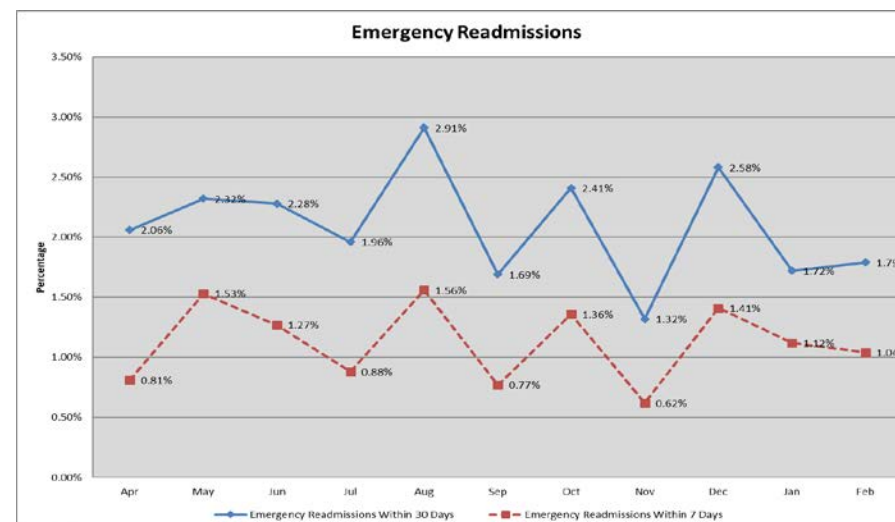
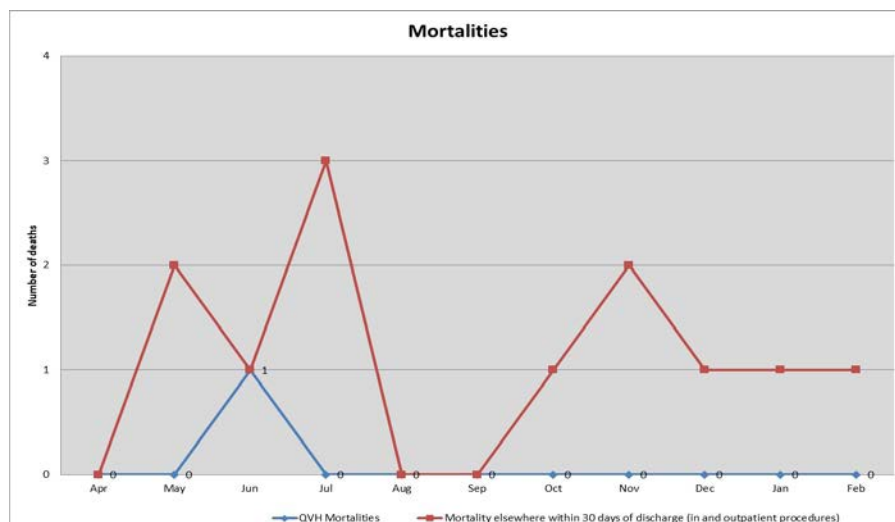
- Regional request to provide head and neck, breast and skin cancer operations as a corona free site has been planned and mobilised.
- We will be providing a Virtual Assessment of all patients, before bringing patients to the Queen Victoria site in East Grinstead, if they require active assessment or intervention.
- For stable patients a "front door triage policy" is now in operation i.e. direct referral of any obvious patients to us without our normal requirement for A&E work-up.
- For multiple injuries or potentially unstable patients we continue with a formal A&E assessment. The 24 hour trauma co-ordinator service has been enhanced to avoid unnecessary admission during the night with additional medical cover; the majority of patients will be managed during daylight hours and will be asked to return home and wait for the virtual team to call them.
- Paediatrics will continue on a limited day case basis but we will apply a much higher threshold for minor lacerations and hand injuries to avoid admission and general anaesthesia at this time.
- Elderly and vulnerable patients who may require surgical intervention will be offered advice following virtual review but only be seen at QVH if the risk is justified at this time.

Rycroft has been identified as the site for isolating patients with confirmed Corona diagnosis. The area could provide care for up to six patients if required it will be possible to provide care for patients required normal ward care or intensive care.

## Safe - Performance Indicators

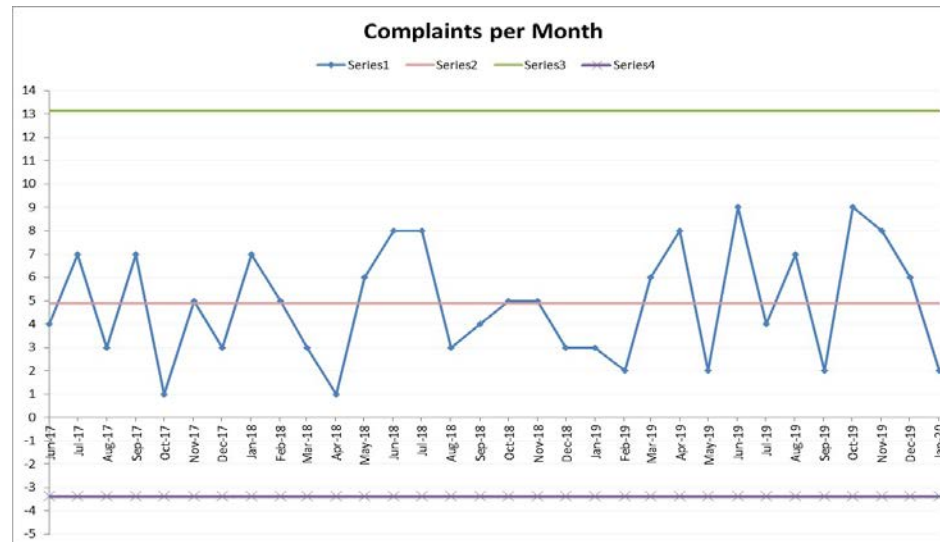
Description (Activity per 1000 spells is based on HES Data: the number of inpatients discharged per month including ordinary, day case and emergency - figure /HES x 1000)	Target	Quarter 1 2019/20			Quarter 2			Quarter 3			Quarter 4 2019/20			12 month total/rolling average
		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Infection Control														
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA hospital acquired		1	1	0	0	0	0	0	0	0	0	0	0	2
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	1	0	1	0	0	0	0	0	2
Gram negative bloodstream infections (including E.coli)	0	0	0	1	0	0	0	0	0	0	0	0	0	1
MRSA screening - elective	>95%	94%	95%	96%	94%	95%	92%	94%	98%	95%	94%	91%	90%	94%
MRSA screening - trauma	>95%	98%	94%	94%	98%	97%	94%	98%	94%	98%	98%	95%	95%	96%
Incidents														
Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Serious Incidents	0	0	0	0	0	0	1	0	1	0	2	0	0	4
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	0	1	6	6	3	5	0	0	2	3	4	1	31
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO quantitative compliance		99%	99%	98.7%	99.3%	98.1%	99%	99%	99%	99.1%	98.4%	99.3%	99.3%	99%
Non-clinical cancellations on the day		19	17	7	31	29	15	13	12	13	19	TBC	TBC	208
Needlestick injuries		2	0	1	1	1	3	1	2	1	1	TBC	TBC	19
Pressure ulcers (all grades)		0	0	1	0	1	2	0	0	1	1	TBC	TBC	6
Paediatric transfers out (<18 years)		2	0	1	0	0	0	1	0	1	1	0	TBC	6
Medication errors														
Total number of incidents involving drug / prescribing errors		7	8	13	21	23	26	21	30	11	30	11	6	207
No & Low harm incidents involving drug / prescribing errors		7	8	13	21	23	26	21	30	11	30	11	6	207
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		0.6	0.5	0.6	1.1	0.6	0.6	2.1	0.0	0.0	1.9	TBC	TBC	0.8
Harm free care rate (QVH)	>95%	97%	100%	97%	100%	97%	96%	95%	100%	100%	100%	100%	TBC	98.4%
Harm free care rate (NATIONAL benchmark) - one month delay	>95%	93.8%	93.8%	93.8%	94.0%	93.9%	93.9%	94.0%	94.1%	94.0%	93.9%	93.7%	TBC	94%
Pressure Ulcers														
Hospital acquired - category 2 or above	15	0	0	1	0	1	1	1	0	2	1	1	0	8
VTE initial assessment (Safety Thermometer)	>95%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	96.0%	98.8%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	>95%	100%	92%	100%	100%	100%	100%	100%	96%	97%	95%	100%	91%	97.6%
Patient Falls resulting in no or low harm (inpatients)		0	2	2	3	3	1	6	4	3	1	2	3	30
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	1	0	0	0
Patient falls per 1000 bed days		0%	1.69	1.78	2.58	2.47	0.85	4.64	3.59	2.82	1.75	1.76	3.63	2.28

## Effective - Performance Indicators



	Quarter 1 2019/20			Quarter 2			Quarter 3			Quarter 4		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of deaths on QVH site	1	0	1	0	0	0	0	0	0	0	0	0
Number of deaths off-site within 30 days of IP or OP procedure	0	2	1	3	1	0	1	2	1	1	1	1
No of completed preliminary reviews	0	2	1	0	0	0	1	1	1	To be completed	To be completed	1
No of deaths subject to a Structured Judgement Review	1	0	1	0	0	0	0	0	0	To be confirmed	To be confirmed	Awaiting coroners report
No of deaths in patients with co-existing learning difficulties	0	0	0	0	0	0	0	0	0	0	0	0

## Caring - Current Compliance - Complaints and Claims

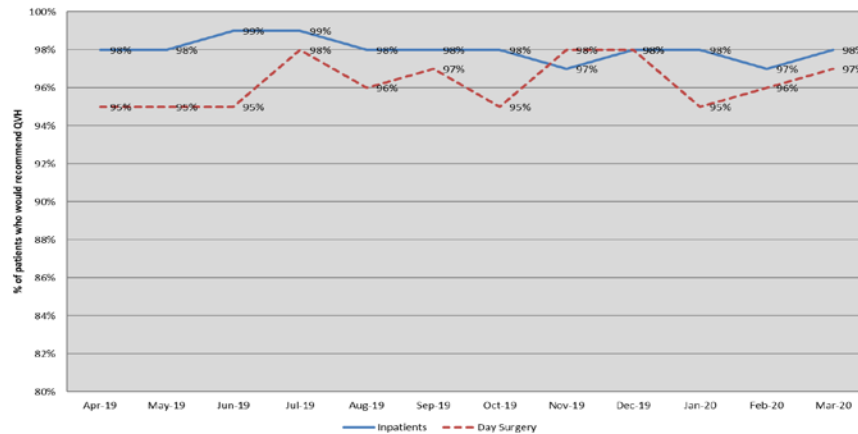


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Complaints	8	2	9	4	7	2	9	8	6	2	2	10
Complaints per 100 contacts	0.042	0.01	0.049	0.019	0.037	0.011	0.043	0.042	0.037	0.01	0.012	0.065
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	0	0	0	0	0	0	0	0
Number of complaints re-opened	0	0	0	1	1	1	0	0	0	3	0	1

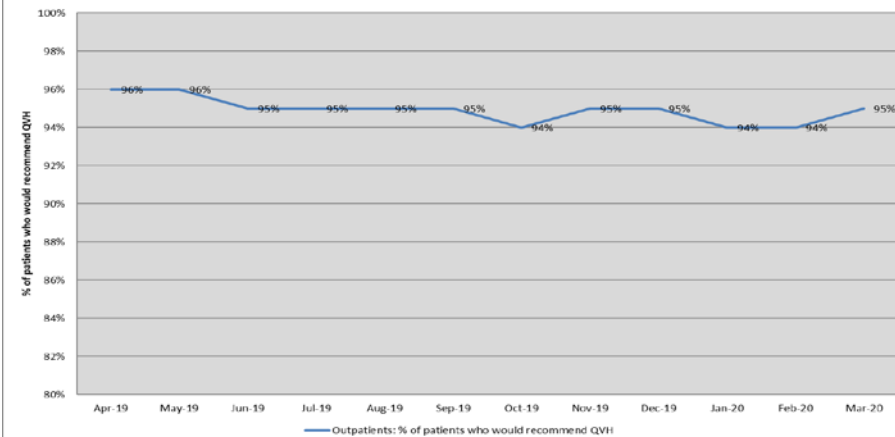


## Caring - Current Compliance - FFT

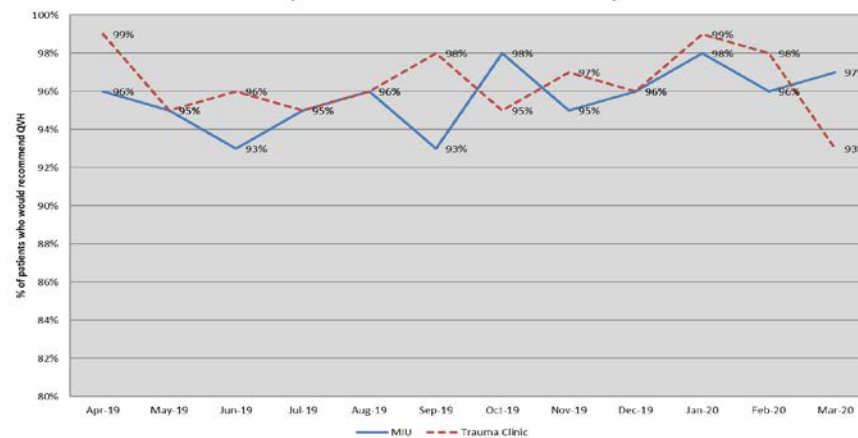
**Inpatients and day surgery: % of patients who would recommend QVH services they have received to friends and family**



**Outpatients: % of patients who would recommend QVH services they have received to friends and family**



**MIU and trauma clinic: % of patients who would recommend QVH services they have received to friends and family**



## Nursing Workforce - Performance Indicators

### Safe staffing data

Safe staffing has been sustained in all clinical areas during February and March.

Combined Staffing inc. Site					FEBRUARY 2020					Target 95%	
	Planned staff		Actual staff			Planned staff		Actual staff			
	RN	HCA	RN	HCA		RN	HCA	RN	HCA		
DAY	5313	2243	5233	2185	Total Hrs Planned and Actual	4255	724.5	4106	655.5		
			98.5%	97%	% Planned Hrs Met			96.5%	90.5%		
		667		580.8	Total Site Team Hrs - Planned and Actual		667		667		
		8223		7998	Total Hrs Planned & Actual - Combined reg, HCA & site		5647		5428		
				97.3%	% Planned Hrs Met - Combined reg, HCA & site				96.1%		
NIGHT					Total Hrs Planned and Actual						
					% Planned Hrs Met						
					Total Site Team Hrs - Planned and Actual						
					Total Hrs Planned & Actual - Combined reg, HCA & site						
					% Planned Hrs Met - Combined reg, HCA & site						

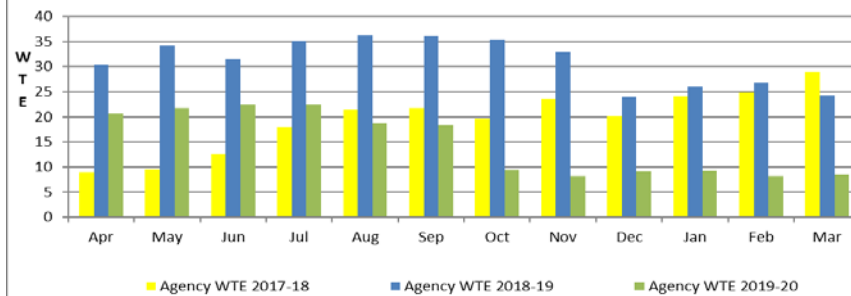
Combined Staffing inc. Site				MARCH 2020		Target 95%			
	Planned staff		Actual staff			Planned staff		Actual staff	
	RN	HCA	RN	HCA		RN	HCA	RN	HCA
DAY	5256	1633	5049	2093	Total Hrs Planned and Actual	3910	690	3680	609.5
			96.1%	128%	% Planned Hrs Met			94.1%	88.3%
		713		644	Total Site Team Hrs - Planned and Actual		690		632.5
		7602		7785.5	Total Hrs Planned & Actual - Combined reg, HCA & site		5290		4922
				102.4%	% Planned Hrs Met - Combined reg, HCA & site				93.0%
NIGHT					Total Hrs Planned and Actual				
					% Planned Hrs Met				
					Total Site Team Hrs - Planned and Actual				
					Total Hrs Planned & Actual - Combined reg, HCA & site				
					% Planned Hrs Met - Combined reg, HCA & site				

# Nursing Workforce - Performance Indicators

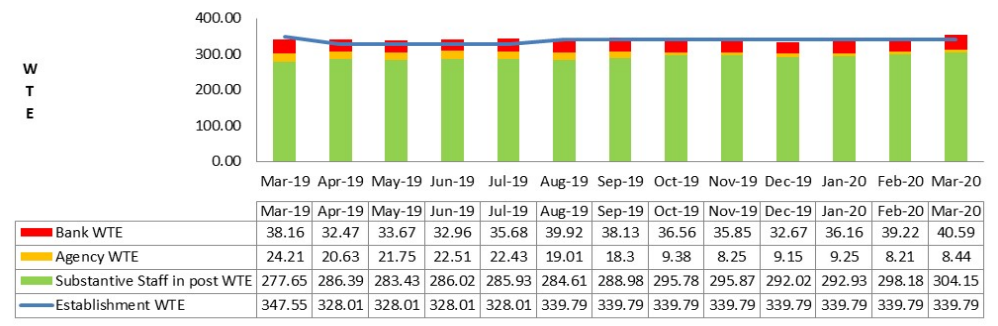
Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019-20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)		347.55	328.01	328.01	328.01	328.01	339.79	339.79	339.79	339.79	339.79	339.79	339.79	339.79	◀▶
Staff in Post WTE		277.65	286.39	283.43	286.02	285.93	284.61	288.98	295.78	295.87	292.02	292.93	298.16	304.15	▲
Vacancies WTE		69.90	41.62	44.58	41.99	42.08	55.18	50.81	44.01	43.92	47.77	46.86	41.61	35.64	▼
Vacancies %	>18% 12%<=18% <12%	20.11%	12.69%	13.59%	12.80%	12.83%	16.24%	14.95%	12.95%	12.93%	14.06%	13.79%	12.25%	10.49%	▼
STARTERS WTE (Excluding rotational doctors)		7.61	10.94	2.00	2.56	2.00	4.64	7.43	6.00	2.00	1.51	1.00	5.43	4.41	▼
LEAVERS WTE (Excluding rotational doctors)		1.00	3.08	2.00	4.51	3.00	3.47	2.00	2.00	1.76	1.50	6.00	0.00	1.62	▲
Starters & Leavers balance		6.61	7.86	0.00	-1.95	-1.00	1.17	5.43	4.00	0.24	0.01	-5.00	5.43	3.39	
Agency WTE (Data from Healthstar)		24.21	20.63	21.75	22.51	22.43	19.01	18.30	9.38	8.25	9.15	9.25	8.21	8.44	▲
Bank WTE (Data from Healthstar)		38.16	32.47	33.67	32.96	35.68	39.92	38.13	36.56	35.85	32.67	36.16	39.22	40.59	▲
Trust rolling Annual Turnover %	>=12% 10%<=12% <10%	14.45%	14.53%	14.58%	16.90%	16.20%	16.22%	12.52%	16.16%	12.46%	9.67%	10.50%	9.94%	9.71%	▼
Monthly Turnover		0.38%	1.12%	0.72%	1.63%	1.08%	1.26%	0.71%	1.51%	0.60%	0.37%	1.44%	1.42%	0.00%	▼
Sickness Absence %	>=4% 4%<=3% <3%	4.23%	4.60%	4.24%	4.24%	3.66%	1.86%	2.04%	4.17%	5.11%	4.62%	3.63%	2.67%	TBC	

Note 1: 2019/20 budget implemented in June 19 backdated to April 19 taken from Finance Ledger.  
Note 2: All data taken from ESR unless stated otherwise.  
Note 3: Staff included are Qualified Nurses, Emergency Practitioners, Theatre Practitioners, HCA's, Student OPD's, Trainee Nurse Associates/Practitioners, Nurse Associates, Play Specialists, Overseas Nursing awaiting PIN.  
Staff Excluded are Dental Nurses.

Trust Qualified Nursing & Theatre Practitioners - Agency Usage in WTEs for years 17-18, 18-19 and 19-20



Establishment Vrs SIP & Temporary Staffing Usage



## Medical Workforce - Performance Indicators

Metrics	2017/18 total / average	Target	Quarter 1 2019/20			Quarter 2			Quarter 3			Quarter 4			Year to date actual/ average
			April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Medical Workforce															
Turnover rate in month, excluding trainees	21.63% 12Mth rolling	<1%	0%	1.15%	0.78	1.16%	1.16%	1.54%	1.18%	1.15%	1.25%	1.14%	0.00%	2.93%	13.56% 12 mth Rolling
Turnover in month including trainees 9%	45.43% 12Mth rolling		6.81%	2.53%	0.49	1.45%	12.42%	6.08%	2.82%	1.39%	2.80%	0.70%	9.57%	2.82%	49.70% 12 mth rolling
Management cases monthly		0	0	0	0	0	0	0	0	0	0	0	TBC	TBC	0
Sickness rate monthly on total medical/dental headcount	1.43%		2.25%	0.88	1.46	0.89%	1.07%	2.34%	1.5%	2.00%	0.99%	0.53	TBC	TBC	1.57%
Appraisal rate monthly (exclude deanery trainees)	88.96% Mar 18		82.67	80.77%	83.77%	79.35%	81.62%	86.00%	83.66%	85.53%	89.74%	87.60%	TBC	TBC	85.53%
Mandatory training monthly		95%	88%	87%	88%	89%	88.50%	84.81%	84.99%	85.93%	86%	85%	88%	86%	88.00%
Exception Reporting – Education and Training			4	1	5	8	2	5	2	1	1	0	5	0	34
Exception Reporting – Hours			0	0	2	0	0	5	1	1	2	2	1	0	14

### Medical & Dental Staffing

February induction ran smoothly. April induction was re-configured to remove group training and was delivered by the Medical Education Manager (MEM) in staggered small groups. Trainees were given access to computers, handouts and reading material, copies of the presentations that would usually be delivered, and contact details of trainers. The MEM was also on hand to answer questions. The trainees' patience and understanding was greatly appreciated during this most unusual induction.

The next doctors' induction will be in August and plans will be developed for that induction according to the situation at the time.

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Both the Dental Skills Lab, funded by Health Education England, and the simulation suite project, funded by the League of Friends, are now open and in use.

Two dental foundation teaching days took place in March (before all teaching was suspended); the TPD, lecturers and trainees were very pleased with the facilities. HEE has plans for further investment in the area in the next financial year.

The simulation equipment has been invaluable for use for COVID-19 scenarios, preparing staff for a variety of situations that are likely to occur.

## **Education**

All large department teaching sessions have been suspended, as have planned training events for external delegates. It is hoped that these will run later in the year.

However, following guidance received from HEE, the DME, Medical Education Manager and GOSW are working to ensure that, despite the unprecedented circumstances, the fundamentals of high quality training including induction and supervision can continue. We are clear that all Doctors in training must still receive adequate supervision, especially if they are working in an unfamiliar environment and learning and using new skills.

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# KSO3 – Operational Excellence

Risk Owner – Director of Operations

Date last reviewed : 21 April 2020

<b>Strategic Objective</b> We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner.	<b>Risk Appetite</b> The trust has a <b>low appetite</b> for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.	<b>Initial Risk</b> 5 (c) x3 (L) =15, moderate <b>Current Risk Rating</b> <u>4(C) x 4 (L) = 16</u> <b>Target Risk Rating</b> 3 (C) x 3 (L) = 9, low
<b>Risk</b> Sustained delivery of constitutional access standards  Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.	<b>Rationale for current score</b> <ul style="list-style-type: none"><li>• <u>COVID 19 impact – staffing and step down of activity whereby delay will not be of detrimental impact to the patient</u></li><li>• Waiting list size and challenge with long wait patients [CRR 1125]</li><li>• RTT performance challenges across orthodontics, plastics and corneo</li><li>• Vacancy levels in theatre staffing and theatre capacity – mitigated yet remain a challenge in some areas [CRR 1077]</li><li>• Anaesthetic cover</li><li>• Vacancy levels in sleep [CRR 1116]</li><li>• Specialist nature / complexity of some activity</li><li>• Variable trust wide processes including booking and scheduling</li><li>• Late referrals from referring organisations</li><li>• Vacancies in non consultant level medical staff in corneo plastics and OMFS [CRR 1143]</li><li>• Breast capacity</li><li>• Ongoing medical vacancies in corneo [CRR 1143]</li><li>• Sentinel Lymph Node demand [CRR 1122]</li><li>• Appointments team vacancies</li></ul>	<b>Future risks</b> <ul style="list-style-type: none"><li>• National Policy changes to access targets e.g. Cancer &amp; complexity of pathways, QVH is reliant on other trusts timely referrals onto the pathway;</li><li>• NHS Tariff changes &amp; volatility;</li><li>• Future impact of Brexit on workforce</li><li>• Reputation as a consequence of RTT</li></ul> <b>Future Opportunities</b> <ul style="list-style-type: none"><li>• Spoke sites offer the opportunity for further partnerships</li><li>• Closer working between providers in STP – networked care</li><li>• Partnership with BSUH/WSHFT</li></ul>
<b>Controls / Assurance</b> <ul style="list-style-type: none"><li>• <u>Mobilising of virtual outpatient opportunities to support activity</u></li><li>• <u>Additional reporting to monitor COVID-19 impact</u></li><li>• <u>Restoration and recovery planning underway</u></li><li>• Weekly RTT and cancer PTL meetings</li><li>• RTT recovery plan in place</li><li>• Development of revised operational processes underway to enhance assurance and grip</li><li>• Monthly business unit performance review meetings &amp; dashboard in place with a focus on exceptions, actions and forward planning</li><li>• Bank staff for appointments being recruited to</li></ul>		<b>Gaps in controls / assurance</b> <ul style="list-style-type: none"><li>• Variable trust wide processes for booking and scheduling</li><li>• Not all spoke sites on QVH PAS so access to timely information is limited</li><li>• Shared pathways for cancer cases with late referrals from other trusts</li><li>• Late referrals for 18RTT and cancer patients from neighbouring trusts</li><li>• Gaps in theatre staffing</li><li>• Capacity challenges for both admitted and non admitted pathways</li><li>• Impact of patient choice that is a risk to delivery of plan to eliminate RTT waits &gt; 52 weeks</li></ul>



# KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed 20<sup>th</sup> April 2020

## Strategic Objective

We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services

**Risk Appetite** The Trust has a **moderate appetite** for risks that impact on the Trusts financial position. A higher level of rigor is being placed to fully understand the implications of service developments and business cases moving forward to ensure informed decision making can be undertaken.

## Rationale for current score (at Month 12 )

- £9m deficit for 20/21 - reforecast in month 10 was £9.4m (CRR877) Draft accounts currently being produced.
- CIP performance £1.2m/£1.7m for FYE gap of c£0.5mYTD
- Both capital and I/E Covid claims have been confirmed by the centre for payment. Loss of income due to activity has been included in the year end deals.
- Finance & Use of Resources – 4 (planned 4)
- High risk factor –availability of staffing - Medical, Nursing and non clinical posts and impact on capacity/ clinical activity
- Commissioner challenge and scrutiny
- Potential changes to commissioning agendas
- Contracting alignment agreement
- Significant risk income plan delivery
- Agency staffing pressure continuing
- ~~2019/20 Operation plan submission (May) –£7.4m deficit –with Board agreement~~
- ~~Backlog in coding and constraints within the Contracting team are causing reporting issues for financial and audit. An external company has been instructed to assist with additional onsite resources and agency staff employed.~~

## Risk

Loss of confidence in the long-term financial sustainability of the Trust due to a failure to create adequate surpluses to fund operational and strategic investments

**Initial Risk** 3 (C) x 5(L) = 15, moderate  
**Current Risk Rating** 5 (C) x 5(L)= 25, catastrophic  
**Target Risk Rating** 4(C) x 3(L) = 12, moderate

## Future Risks

- NHS Sector financial landscape Regulatory Intervention
- ~~Covid-19 non pay costs, staffing capacity gaps, productivity challenges, demand reductions, changes to Operating Plan~~
  - Capped expenditure process
  - Single Oversight Framework
  - Commissioning intentions – Clinical effective commissioning
  - Sustainability and transformation footprint plans
  - Planning timetables–Trust v STP
  - Lack of outside resource for CIP Delivery – NHSI
  - NHSI/E control total expectation of annual breakeven within the LTFM trajectory (2020/21-2024/25)

## Future Opportunities

- New workforce model, strategic partnerships; increased trust resilience / support wider health economy
- Using IT as a platform to support innovative solutions and new ways of working
- Improved vacancy levels and less reliance on agency staffing
- Increase in efficiency and scheduling through whole of the patient pathway
- Spoke site activity repatriation
- Strategic alliances \ franchise chains and networks
- Development of accelerated Integrated Care System

## Controls / Assurances

- Performance Management regime in place and performance reports to the Board.
- Contract monitoring process and CIP Governance processes strengthened.
- Finance & Performance Committee in place, forecasting from month 5 onwards.
- Audit Committee with a strengthened Internal Audit Plan.
- Budget Setting and Business Planning Processes (including capital) all approved for clinical areas.
- Income / Activity capture and coding processes embedded and regularly audited ~~—backlog at present which is being activity managed and monitored on a daily basis.~~
- Weekly activity information per Business unit, specialty and POD reflected against plan and prior year.
- ~~Implementation of weekly activity forecast process with financial model (M10).~~
- ~~NHSI options appraisal & NHSI review of the Operating plan for 19/20 – draft transformation plan for board developed.~~
- Additional Finance staff restructure approved, Band 8a in post Month 11.
- Spoke site, Service line reporting and service review information widely circulated.

## Gaps in controls / assurances

- Structure, systems and process redesign and enhanced cost control
- Model Hospital Review and implementation
- Identification and Development of transformation schemes to support long term sustainability
- Quality improvement (QI) programme to support enable efficiency agenda
- Service reviews required to understand efficiencies against payments

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	7 May 2020	<b>Agenda reference:</b>		79-20	
<b>Report title:</b>	Financial, operational and workforce performance assurance				
<b>Sponsor:</b>	Paul Dillon-Robinson, committee chair				
<b>Author:</b>	Paul Dillon-Robinson, committee chair				
<b>Appendices:</b>	NA				
<b>Executive summary</b>					
<b>Purpose of report:</b>	Board Assurance on matters discussed at the F&P meeting on 27 <sup>th</sup> April				
<b>Summary of key issues</b>	<p>By agreement of the EMT and non-executives, the meeting was shortened and attendance lightened.</p> <p>The year-end financial position was, at £9m deficit, £0.5m under the reforecast deficit but benefitted from a number of year-end settlements. Further work is needed to fully understand the underlying direction.</p> <p>The Workforce performance had some of the best metrics for a while, although absences are being actively monitored.</p> <p>Operational performance had been on a positive trajectory, but cessation of elective activity was leading to a growth in 52w and RTT figures.</p> <p>Recognition was given to the significant work and achievements of the last few weeks in creating the new operational model; both clinical and organisational</p> <p>The committee agreed with the decision to extend the contract with Kainos for Evolve</p>				
<b>Recommendation:</b>	The Board is asked to <b>NOTE</b> the contents of the report, the <b>ASSURANCE</b> (where given), the significant work undertaken and the ongoing uncertainty.				
<b>Action required</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	KSO3: x	KSO4: x	KSO5: x
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	<p>KS04 – Financial Sustainability – remains at “catastrophic” and there is little assurance that this can be addressed in the short term without external support</p> <p>KS03 – Operational Excellence – has had its score reduced to reflect progress</p>				
<b>Corporate risk register:</b>	Reflected in BAF scores				
<b>Regulation:</b>	All areas are subject to some form of regulation – none specific				
<b>Legal:</b>	All areas are subject to some form of legal duty – none specific				
<b>Resources:</b>	Performance is dependent, to a large extent, on availability of staff in various areas of the Trust				
<b>Assurance route</b>					
<b>Previously considered by:</b>					
	Date:		Decision:		
<b>Next steps:</b>					

**Report to:** Board of Directors  
**Meeting date:** 7 May 2020  
**Reference no:** 79-20  
**Report from:** Paul Dillon-Robinson, Committee Chair  
**Report date:** 28 April 2020

## **Financial, operational and workforce performance assurance**

### **Background**

It had been agreed, by the non-executives and the executive team, that the F&P meeting would be held with a limited attendance from the executives (Chief Executive and Director of Finance & Performance), and that the agenda and time would be shortened. It is proposed that this format should continue for, at least, the next two months whilst the Trust is in the Covid specific situation.

#### **1. Workforce performance**

Workforce indicators were some of the best for many years, and it was a pity that the current situation does not allow full appreciation of this achievement. In particular, note was made of the vacancies level (below 10%) and Annual Turnover. It was also noted that the national relaxation of targets, in areas such as appraisals and mandatory training, provided some temporary relief but would need to be recovered in due course.

Management are tracking absences actively, particularly for those self-isolating, and some agency usage is still required. Health and well-being services were reported as having a small, but needed, uptake.

#### **2. Financial performance**

The year-end outcome is currently being reported as a £9.0m deficit, being £0.5m less than the reforecast and £1.5m greater than the original plan. This position has benefitted from year-end settlements with Commissioners which protected the Trust from a fall in activity in months 11-12, on the back of Covid changes, and an improved CIP outcome – from procurement investigations.

The committee are keen to understand the underlying trend and its implications for future planning after Covid, including information from service line reporting, which will be the subject of future detailed scrutiny.

The current financial year has the Trust funded to break-even up to 31 July, which has also meant positive cash flows. Priority is being given to prompt payment of suppliers

The regime after 31 July is, naturally, very uncertain and it is likely that, financially, the settlement will be STP based (with the STP moving to become an Integrated Care System – ICS). This uncertainty includes direction on the levels of CIP in year, the write-off of the £6.4m interim loan, access to FRF, etc. as well as what targets may be set for what.

### **3. Operational performance**

The operational results were viewed in the light of the change in service provision that had been initiated in March. This had meant that performance in a number of areas had fallen back – not unexpectedly – which was disappointing after the progress made on, inter alia, RTT and 52 week waits.

The committee recognised that recovering the position, post Covid, would be a major challenge, but were assured that the Trust's demand was being tracked and the resumption of elective activity was being planned for. The relations with the McIndoe Centre were reported to be constructive and a positive sign for the future.

### **4. Other**

BAFs had been produced for each key strategic objective and it was agreed that continuing production of these was necessary to ensure that the overall control environment was continuing. However, it was also agreed that some additional re-assurance about these objectives, within the current environment, would be beneficial, if only to produce a "Current Risk Rating" and a "Rationale for current score".

As formerly agreed at the Board the committee received assurance that the Trust was managing the risk of cyber security effectively – as evidenced through accreditation under Cyber Essentials Plus (November 2019). The main area to address, for the Data Security & Protection Toolkit, is to increasing the level of training in Information Governance.

The work of the IT department, in responding to significant changes in recent weeks, was highlighted and the committee's acknowledgement and thanks extended.

An update on Estates and Facilities noted the staffing issues, in terms of absences and changes – such as additional on call duties - but also the continuation of services.

The committee noted the fact that the Evolve roll-out had been suspended for 3 months, but were assured that its completion would be achievable. The committee agreed with the decision of the executives and project board that the contract with Kainos be extended for two years, with the option to extend for a further year.

Report cover-page					
<b>References</b>					
Meeting title:	Board of Directors				
Meeting date:	07 05 20	Agenda reference:		80-20	
Report title:	Operational Performance				
Sponsor:	Abigail Jago, Director of Operations				
Author:	Operations Team				
Appendices:					
<b>Executive summary</b>					
Purpose of report:	To provide an update regarding operational performance				
Summary of key issues	<p>Key item to note in the operational report is:</p> <ul style="list-style-type: none"> <li>The planned step down of elective activity due to COVID-19</li> </ul> <p>Key item for focus:</p> <ul style="list-style-type: none"> <li>COVID-19 current and future impact on operational performance and delivery</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <b>Operational excellence</b>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	<b>Controls / Assurance:</b> As described on BAF KSO3				
Corporate risk register:	<b>Risks:</b> As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:	Nil above current resources				
<b>Assurance route</b>					
Previously considered by:	Finance and performance committee				
	Date:	24.02.20	Decision:	Noted	
Next steps:	NA				

## **Operational Performance Report**

Abigail Jago, Director of Operations

**APRIL 2020 – FINAL**

Trust Board





# Summary and COVID-19 context

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In line with national direction, medical college recommendations and system discussions on 23<sup>rd</sup> March QVH commenced the postponing of non urgent elective activity in response to the COVID-19 incident.

This included the following:

## **Outpatients**

- Suspension of routine face to face clinics and mobilisation of alternative consultation approaches:
  - Telephone consultations established where appropriate
  - NHS VideoConsult is being mobilised to deliver video conference – pilots underway in OMFS, plastics 2WW and plastics trauma
  - Established functionality for photographs to be provided to support consultations

## **Admitted**

- Cancellation / postponement of routine elective activity
- Suspension of all breast reconstruction
- The establishment of a clinical panel to review case by case if surgery is appropriate to go ahead

## **Diagnostics**

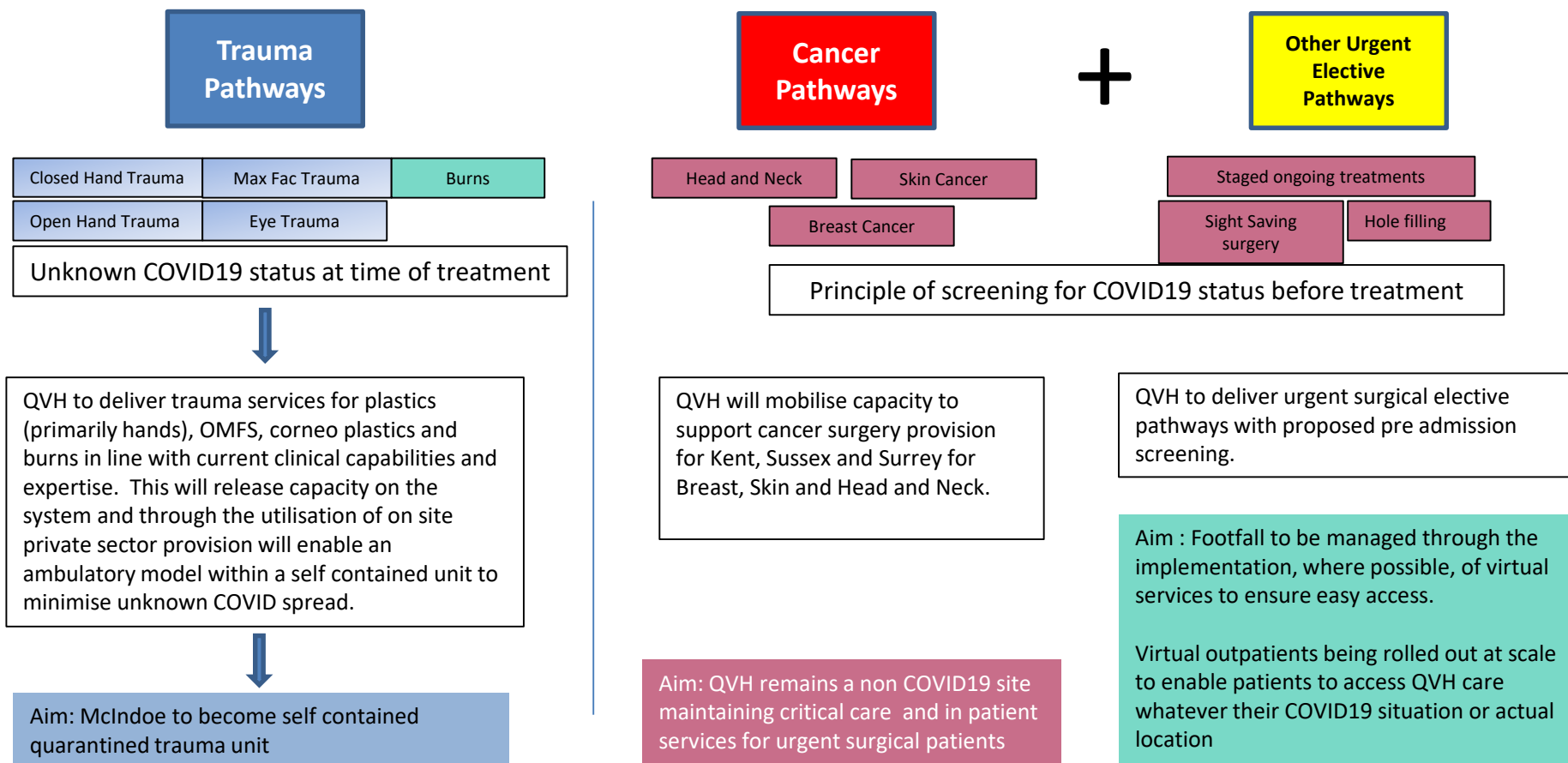
- Cancellation of routine diagnostics

## **Key items to note in the operational report are:**

- Changes to QVH service provision during COVID-19
- Impact on constitutional standards from COVID-19



# QVH - COVID-19 service model



# Performance summary – 19/20 YTD

KPI	TARGET / METRIC	TARGET SOURCE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
DMO1 Diagnostic waits	99% < 6 weeks	National	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%	99.76%	99.61%	98.18%	98.23%	99.20%	90.07%
Histology Turnaround Time	90% < 10 days	Local	89%	95%	86%	70%	82%	76%	38%	59%	71%	90%	94%	94%
Imaging reporting	% < 7 days	Local	87.47%	95.47%	96.66%	97.41%	98.42%	97.98%	98.75%	95.8%	99.11%	99.37%	98.8%	98.18%
RTT – % patients <18 week	Agreed commissioner trajectory	National	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28	82.9%	82.77%	82.1%	81.37%	78.5%
RTT52	Agreed commissioner trajectory	National	47	42	39	37	29	25	22	19	15	19	16	18
Total waiting list size	Reduction in waiting list size	National	12204	11723	11309	10902	10966	10516	10663	10529	10429	10333	10178	10123
Minor injuries unit - % patients treated/ discharge in 4 hrs	95%	National	99.6%	99.91%	99.80%	99.6%	100%	99.26%	99.7%	99.47%	100%	99.89%	100%	100%
Cancer 2WW	93%	National	86.2%	97.8%	94%	94.9%	93.1%	89.3%	88.9%	89.5%	96%	93.3%	97.7%	
Cancer 62 day	85%	National	89.3%	85%	81.5%	85.2%	91.2%	82.9%	85.7%	70% (83.3% actual)	80%	83.7%	82.1%	
Cancer 31 day	96%	National	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	87.1%	94.7%	89.9%	89.5%	
Faster Diagnosis Shadow Report	75%	National Apr20					70.7%	81.5%	84.4%	88.1%	86.6%	77.2%	88.1%	
Theatre utilisation	% total lists >85%	Updated target					79%	78%	83%	83%	75%	80%		
Theatre on the day cancellations	<8% quarter 2	Local	8.54%	6.36%	5.45%	7.98%	7.81%	7.06%	4.63%	5.64%	5.92%	6.9%	4.9%	

## RTT Performance against plan – 2019/20

	Quarter 4 18/19			Quarter 1 19/20			Quarter 2 19/20			Quarter 3 19/20			Quarter 4 19/20		
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	75.3%	76.2%	77.3%	78.3%	79.2%	80.0%	81.3%	81.3%	82.3%	83.8%	85.3%	85.3%	87.7%	90.3%	92%
RTT Actual	75.87%	76.61%	78.47%	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28%	82.9%	82.77%	82.10%	81.37%	78.5%
52 week plan	91	68	60	50	40	30	20	10	0	0	0	0	0	0	0
Revised plan											19	17	15	10	5
52 week actual (total)	81	68	62	47	42	39	37	29	25	22	19	15	19	16	18
52 week patient deferred					17	20	15	17	22	17	13	10	13	11	7
Corneo plastic	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	77.2%	77.9%	78.5%	78.0%	77.4%	76.8%	76.9%	76.9%	79.0%	81.0%	83.4%	85.4%	86.3%	89.4%	92%
RTT Actual	76.31%	76.68%	76.15%	75.68	74.67%	74.16%	73.96%	74.61%	74.87%	76.02%	75.8%	76.55%	73.89%	72.79%	69.58%
52 weeks actual (total)	5	2	0	2	7	10	4	0	3	5	2	2	0	1	0
52 week patient deferred					3	5	3	0	2	4	2	2	0	1	0

OMFS	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	66.4%	67.7%	69.2%	71.4%	73.6%	75.9%	75.9%	75.9%	78.9%	82.2%	85.8%	85.8%	90.1%	90.1%	92%
RTT Actual	66.27%	68.03%	72.46%	74.71	78.09%	77.95%	76.15%	75.94%	77.34%	82.81%	84.86%	85.10%	84.13%	83.88%	79.92%
52 weeks actual	42	32	32	25	18	8	10	11	4	5	6	3	5	4	2
52 week patient deferred					2	4	2	5	3	4	1	1	3	3	1

Plastics	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	77.3%	77.4%	77.7%	77.7%	77.7%	77.8%	78.8%	79.9%	81.0%	82.7%	84.5%	84.5%	87.8%	87.8%	92%
RTT Actual	79.16%	80.0%	80.05%	80.32%	81.99%	81.16%	81.78%	82.82%	81.78%	81.75%	81.32%	80.70%	80.52%	79.21%	77.07%
52 weeks actual	34	34	30	20	17	21	23	18	18	11	11	9	14	11	16
52 week patient deferred					11	11	10	12	17	10	10	7	10	7	6

Sleep	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	90.3%	89.0%	87.8%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
RTT Actual	92.44%	90.65%	93.09%	94.90%	96.26%	95.28%	94.48%	93.23%	92.30%	93.15%	93.76%	93.06%	95.25%	95.13%	94.55%
52 weeks actual	0	0	0	0	080	0	0	0	0	1	0	1	0	0	0

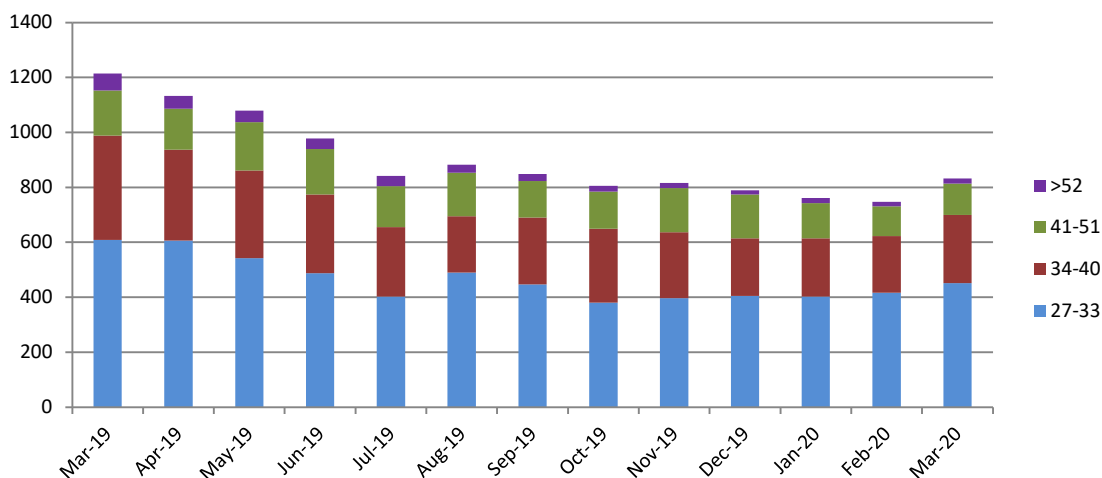
[illegible]

# RTT18 – Incomplete pathways

## Trust level performance

Weeks wait	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Change from last month
0-17 (<18)	10056	9621	9895	9704	9508	9149	8790	8915	8583	8774	8729	8632	8483	8282	7947	-335
18-26	1620	1577	1501	1367	1136	1182	1271	1169	1085	1083	984	1008	1089	1149	1344	195
27-33	841	701	609	606	542	488	402	490	447	380	397	405	403	416	451	35
34-40	408	400	379	331	319	286	253	205	243	269	240	209	212	207	248	41
41-51	248	191	164	149	176	165	149	158	133	135	160	160	127	108	115	7
>52	81	68	62	47	42	39	37	29	25	22	19	15	19	16	18	2
Total Pathways	13254	12558	12610	12204	11723	11309	10902	10966	10516	10663	10529	10429	10333	10178	10123	-55
Breaches	3198	2937	2715	2500	2215	2160	2112	2051	1933	1889	1800	1797	1850	1896	2176	280
Performance	75.87%	76.61%	78.47%	79.51%	81.11%	80.90%	80.63%	81.30%	81.62%	82.28%	82.90%	82.77%	82.10%	81.37%	78.50%	-2.87%
Clock starts	3395	2849	3349	2929	3291	2993	3240	2923	2947	3152	3099	2407	3152	2790	2128	-662

Patients waiting over 26 weeks



### PERFORMANCE COMMENTARY

- The total number of breaches rose in month by 280, driven by the COVID-19 crisis
- Clock starts fell in month by 662, driven by the COVID-19 crisis

# COVID-19 Impact On RTT

Trust Wide	Average of last 6 months (Sep19-Feb20 inc)	Mar20 actual	Variance from six month Average for March		
Open Pathway Weeks Wait			Mar-Ave	Mar/Ave	Var/Ave
0-17 (<18)	8,581	7,947	-634	93%	-7%
18-26	1,066	1,344	278	126%	26%
27-33	408	451	43	111%	11%
34-40	230	248	18	108%	8%
41-51	137	115	-22	84%	-16%
>52	19	18	-1	93%	-7%
Total Pathways	10,441	10,123	-318	97%	-3%
18 week Breaches	1,861	2,176	315	117%	17%
Clock Start	2,925	2,128	-797	73%	-27%
Admitted Clock stops	1,051	820	-231	78%	-22%
Non admitted clock stops	1,710	1,324	-386	77%	-23%

OMFS	Average of last 6 months (Sep19-Feb20 inc)	Mar20 actual	Variance from Six month Average for March		
Open Pathway Weeks Wait			Mar-Ave	Mar/Ave	Var/Ave
0-17 (<18)	2,722	2,524	-198	93%	-7%
18-26	322	412	90	128%	28%
27-33	114	127	14	112%	12%
34-40	55	68	14	125%	25%
41-51	32	25	-7	77%	-23%
>52	5	2	-3	44%	-56%
Total Pathways	3,249	3,158	-91	97%	-3%
18 week Breaches	527	634	107	120%	20%
Clock Start	949	666	-283	70%	-30%
Admitted Clock stops	174	119	-55	69%	-31%
Non admitted clock stops	692	589	-103	85%	-15%

Plastics	Average of last 6 months (Sep19-Feb20 inc)	Mar20 actual	Variance from six month Average for March		
Open Pathway Weeks Wait			Mar-Ave	Mar/Ave	Var/Ave
0-17 (<18)	2,746	2,511	-235	91%	-9%
18-26	359	426	67	119%	19%
27-33	139	160	21	115%	15%
34-40	80	85	5	106%	6%
41-51	57	60	3	106%	6%
>52	12	16	4	130%	30%
Total Pathways	3,394	3,258	-136	96%	-4%
18 week Breaches	648	747	99	115%	15%
Clock Start	901	734	-167	81%	-19%
Admitted Clock stops	475	368	-107	77%	-23%
Non admitted clock stops	390	277	-113	71%	-29%

Corneo	Average of last 6 months (Sep19-Feb20 inc)	Mar20 actual	Variance from Six month Average for March		
Open Pathway Weeks Wait			Mar-Ave	Mar/Ave	Var/Ave
0-17 (<18)	1,830	1,640	-190	90%	-10%
18-26	331	446	116	135%	35%
27-33	140	153	13	109%	9%
34-40	90	89	-1	99%	-1%
41-51	47	29	-18	62%	-38%
>52	3		-3	0%	-100%
Total Pathways	2,439	2,357	-82	97%	-3%
18 week Breaches	610	717	108	118%	18%
Clock Start	493	356	-137	72%	-28%
Admitted Clock stops	254	196	-58	77%	-23%
Non admitted clock stops	190	119	-71	63%	-37%

# Cancer Performance

QVH Trust Performance	Quarter 1 2019-20			Quarter 2 2019-20			Quarter 3 2019-20			Quarter 4 2019-20		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Two Week Wait	86.2%	97.8%	94.0%	94.9%	93.1%	89.3%	88.9%	89.5%	96.0%	93.3%	97.7%	
62 Day Referral to Treatment	89.3%	85.0%	81.5%	85.2%	91.2%	82.9%	85.7%	70.0%	80.0%	83.7%	82.1%	
62 Day Screening	50.0%			100.0%		0.0%		0.0%	0.0%	0.0%		
62 Day Upgrade		100%	100%	80%	90.6%	70.8%	53.8%	100.0%	94.4%	87.5%	88.9%	
31 Day Decision to Treat	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	87.1%	94.7%	89.9%	89.5%	
31 Day Subsequent Treatment	75.0%	93.3%	72.7%	100.0%	100.0%	93.3%	84.6%	96.2%	95.2%	100.0%	75.0%	

Skin Performance	Quarter 1 2019-20			Quarter 2 2019-20			Quarter 3 2019-20			Quarter 4 2019-20		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Two Week Wait	94.7%	99.3%	95.9%	97.9%	94.4%	92.7%	92.7%	99.1%	97.0%	100.0%	98.90%	
62 Day Referral to Treatment	94.3%	91.4%	94.5%	93.8%	90.7%	88.0%	88.2%	78.0%	88.8%	89.6%	93.70%	
62 Day Upgrade		100.0%	100.0%	66.7%	96.7%	75.0%	77.7%	100.0%	92.8%	95.0%	88.90%	
31 Day Decision to Treat	98%	92.1%	95.5%	96.7%	97.4%	97.8%	94.8%	87.5%	97.7%	90.5%	89.70%	
31 Day Subsequent Treatment	100%	100%	85.7%	100%	100%	100%	77.7%	100%	100.0%	100.0%	87.50%	

Head and Neck Performance	Quarter 1 2019-20			Quarter 2 2019-20			Quarter 3 2019-20			Quarter 4 2019-20		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Two Week Wait	79.4%	96.5%	92.6%	91.8%	92.1%	85.4%	85.3%	84.1%	95.2%	88.7%	96.80%	
62 Day Referral to Treatment		50.0%	14.2%	66.6%	100%	77.7%	66.6%	43.0%	50.0%	88.2%	50%	
62 Day Upgrade			100.0%		50.0%	50.0%	0.0%		100.0%	50.0%		
31 Day Decision to Treat	60%	100.0%	100%	100%	93.3%	91.6%	100.0%	100.0%	100.0%	100.0%	85.70%	
31 Day Subsequent Treatment	75%	100%		100%	100%	66.6%	100.0%	100.0%	100.0%	100.0%	100%	

Breast Performance	Quarter 1 2019-20			Quarter 2 2019-20			Quarter 3 2019-20			Quarter 4 2019-20		
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
62 Day Referral to Treatment		0.0%	0.0%	0.0%	100%		0.0%	0.0%		0.0%	0.0%	
62 Day Screening	50.0%			100.0%		0.0%		0.0%	0.0%	0.0%		
31 Day Decision to Treat	100.0%	100.0%	100%	75%	80%	50.0%	66.6%	0.0%	33.3%	33.3%	100%	
31 Day Subsequent Treatment	0%	50%	50%	100%		100.0%	100.0%	86%	66.6%	100.0%	40%	



## Report cover-page

### References

Meeting title:	Board of Directors		
Meeting date:	07 May 2020	Agenda reference:	81-20
Report title:	Finance update		
Sponsor:	Michelle Miles – Director of Finance and Performance		
Author:	Michelle Miles – Director of Finance and Performance		
Appendices:	Finance Performance Report Month 12 – Report		

### Executive summary

<b>Purpose of report:</b>	To provide the Board with an overview of the Trust's financial performance. Based on the Key data submitted on the 20 <sup>th</sup> of April 2020. Any amendments to the year-end position during drafting the accounts to final submission will be presented at future meetings.				
<b>Summary of key issues</b>	<p>The adjusted financial position post donated asset adjustment and impairments was on plan. Pre adjustments the Trust delivered a deficit of £8.96m for the financial year end 2019-20; £0.49m favourable against the revised plan of a £9.45m.</p> <p>The year-end includes all covid costs and non-patient activity loss of income suffered by the Trust for month 11 &amp; 12, these costs and income loss have been agreed and will be paid mid-May. This reduction in patient activity has been picked up in the year end deals made, the national guidance is that providers and commissioners should work together to reach an appropriate year end settlement which takes account of Trusts having to cancel elective activity in M12.</p> <p>The deficit position is supported by an agreed NHSEI loan facility of £6.4M which was fully drawn down. Capital spend is on plan at M12.</p> <p>For the year end CIP performance £445k behind plan, achievement of £1,279k vs. the target of £1.724k (cash and non-cash savings).</p>				
<b>Recommendation:</b>					
<b>Action required</b> <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>			KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>

### Implications

<b>Board assurance framework:</b>	KS04 – Financial Sustainability
<b>Corporate risk register:</b>	KS04 – Financial Sustainability
<b>Regulation:</b>	
<b>Legal:</b>	
<b>Resources:</b>	

### Assurance route

<b>Previously considered by:</b>	EMT			
	Date:	27/04/20	Decision:	N/A
<b>Previously considered by:</b>	Finance & Performance Committee			
	Date:	27/04/20	Decision:	N/A
<b>Next steps:</b>				

# Trust Board Finance Report

## March 2020 – Key Data Return Submission Data

Michelle Miles – Director of Finance and Performance



## 2019/20 M12 Financial Performance against revised plan

Financial Performance		In Month £'000				Year to Date £'000		
Income and Expenditure		Annual Budget	Budget	Actual	Favourable / (Adverse)	Budget	Actual	Favourable / (Adverse)
<b>Income</b>	Patient Activity Income	64,592	5,564	7,905	2,342	64,592	66,804	2,212
	Other Income	4,723	382	(865)	(1,247)	4,723	3,440	(1,284)
	Comprehensive Income	-	-	665	665	-	665	665
<b>Total Income</b>		<b>69,315</b>	<b>5,946</b>	<b>7,705</b>	<b>1,760</b>	<b>69,315</b>	<b>70,910</b>	<b>1,594</b>
<b>Pay</b>	Substantive	(45,739)	(3,793)	(3,890)	(96)	(45,739)	(45,324)	415
	Bank	(2,742)	(210)	(122)	88	(2,742)	(3,142)	(400)
	Agency	(2,357)	(197)	(260)	(63)	(2,357)	(2,361)	(4)
<b>Total Pay</b>		<b>(50,838)</b>	<b>(4,201)</b>	<b>(4,272)</b>	<b>(72)</b>	<b>(50,838)</b>	<b>(50,827)</b>	<b>11</b>
<b>Non Pay</b>	Clinical Services & Supplies	(13,138)	(834)	(762)	72	(13,138)	(12,900)	238
	Drugs	(1,485)	(124)	(115)	8	(1,485)	(1,472)	13
	Consultancy	(207)	(35)	(16)	19	(207)	(204)	2
	Other non pay	(8,162)	(670)	(1,892)	(1,222)	(8,162)	(9,470)	(1,308)
<b>Total Non Pay</b>		<b>(22,991)</b>	<b>(1,663)</b>	<b>(2,786)</b>	<b>(1,123)</b>	<b>(22,991)</b>	<b>(24,046)</b>	<b>(1,055)</b>
Financing		(4,931)	(411)	(474)	(63)	(4,931)	(4,993)	(62)
<b>Total Recurrent Expenditure</b>		<b>(78,761)</b>	<b>(6,274)</b>	<b>(7,532)</b>	<b>(1,258)</b>	<b>(78,761)</b>	<b>(79,866)</b>	<b>(1,106)</b>
<b>Surplus / (Deficit)</b>		<b>(9,445)</b>	<b>(328)</b>	<b>174</b>	<b>502</b>	<b>(9,445)</b>	<b>(8,957)</b>	<b>488</b>
Impairment charge		-	-	171	171	-	171	171
Donated depreciation charge		245	-	27	27	245	251	6
Capital grant income		-	-	(425)	(425)	-	(425)	(425)
Donated items income		(5)	(225)	(225)	(225)	(5)	(225)	(220)
<b>Adjusted financial performance deficit including PSF, FRF and MRET funding</b>		<b>(9,205)</b>	<b>(328)</b>	<b>(279)</b>	<b>50</b>	<b>(9,205)</b>	<b>(9,185)</b>	<b>20</b>

### Overview

The year end includes all covid costs and non patient activity loss of income suffered by the Trust for month 11 & 12, these costs and income loss have been agreed and will be paid mid May. This reduction in patient activity has been picked up in the year end deals made with the commissioners this equates to c£1.5m and represents the reduction in activity for M11 & 12 based on the average of M1-10. In addition a provision of c£0.3m was able to be released for fines and challenges which is not longer needed due to the year end deal agreement.

### In month performance

Patient activity income is £2.3m above the revised plan driven by income year end deals with commissioners (£1.5m above actual activity levels) and reclassification where previously patients activity related income of 2.1m recorded against Other income has been reclassified as Patients activity income

Comprehensive income of £665k relates to impairment of assets offset by £836k assets impairments against the non pay lines.

Overall income over performance of £1.8m in month as compared to the reforecast, of which the Dental Skills donated income £430k and Comprehensive income £665k make up £1.1m.

The pay position is £72k adverse against the plan driven mainly by annual leave accrual of £259k. Actual agency usage in M12 was down in line with the activity levels but the overspend against the revised plan is driven by recoding agency cost previously coded against the bank lines

The non-pay position is £1.1m above plan. In month non pay position is higher then the run rate mainly driven by fixed assets impairments of £836k and £488k of Bad debts provision. Underspend against clinical supplies and drugs lines is consistent with the low levels of activity. The stock take showed no change in stock levels, its now felt that the Trust is running on the optimum stock level.

### YTD performance

The adjusted financial position post donated asset adjustment and impairments was on plan. Pre adjustments the Trust delivered a deficit of £8.96m for the financial year end 2019-20; £0.49m favourable against the revised plan of a £9.45m.

**Patient activity income** position is over plan by £2.2m driven by Year-end deals and income reclassification from Other income to Patients activity income in M12. Year-end deals agreed with most commissioners based on M1-10 FOT which protects the Trust in terms of reduced levels of activity in M11-12 due to COVID-19 preparations. Additional benefit of £1.5m achieved from deals compared to M11/M12 actual activity are reflecting in the year end position and c£0.3m due to the release of the provision for year end fines and challenges.

**Other income** underachievement of £1.3m is a result of reclassification where previously patients activity related income recorded against Other income has been reclassified as Patients activity income. The Dental skills hub income is also showing as a benefit of £430k.

**Comprehensive income** of £665k relates to impairment of assets offset by £836k assets impairments against the non pay lines.

**Overall income** has over performed by £1.6m, of which £1.1m is due to one off adjustments and £0.4m of excluded devices.

The **pay** position is breakeven. Pay cost is underspent on all staff categories apart from medical. This has been partially offset by temporary staffing costs throughout the Trust. The Trust is materially above the agency ceiling for the period.

Overall **non-pay** position is overspent by £1.06m driven by fixed assets impairments of £836k and £488k of Bad debts provisions. Clinical supplies are underspent by £238k, excluding the £0.42m due to PBR excluded devices pass through costs (Sleep devices/ Corneo grafts/ prosthesis). When excluded, Clinical supplies show an underlying underspend of £0.66m which correlates to activity related underspends within clinical supplies, drugs and a increase CIP delivery.

## 2019/20 M12 Financial Performance against original plan

Financial Performance		In Month £'000				Year to Date £'000		
Income and Expenditure		Annual Budget	Budget	Actual	Favourable / (Adverse)	Budget	Actual	Favourable / (Adverse)
<b>Income</b>	Patient Activity Income	67,689	5,861	7,905	2,044	67,689	66,804	(885)
	Other Income	4,734	397	(865)	(1,262)	4,734	3,440	(1,294)
	Comprehensive Income	-	-	665	665	-	665	665
<b>Total Income</b>		<b>72,424</b>	<b>6,259</b>	<b>7,705</b>	<b>1,447</b>	<b>72,424</b>	<b>70,910</b>	<b>(1,514)</b>
<b>Pay</b>	Substantive	(51,445)	(4,342)	(3,890)	452	(51,445)	(45,324)	6,121
	Bank	(819)	(88)	(122)	(34)	(819)	(3,142)	(2,323)
	Agency	(218)	(16)	(260)	(244)	(218)	(2,361)	(2,143)
<b>Total Pay</b>		<b>(52,482)</b>	<b>(4,445)</b>	<b>(4,272)</b>	<b>173</b>	<b>(52,482)</b>	<b>(50,827)</b>	<b>1,655</b>
<b>Non Pay</b>	Clinical Services & Supplies	(12,860)	(1,071)	(762)	309	(12,860)	(12,900)	(40)
	Drugs	(1,532)	(128)	(115)	12	(1,532)	(1,472)	59
	Consultancy	(96)	(7)	(16)	(10)	(96)	(204)	(108)
	Other non pay	(7,892)	(614)	(1,892)	(1,278)	(7,892)	(9,470)	(1,578)
<b>Total Non Pay</b>		<b>(22,379)</b>	<b>(1,820)</b>	<b>(2,786)</b>	<b>(966)</b>	<b>(22,379)</b>	<b>(24,046)</b>	<b>(1,667)</b>
Financing		(5,006)	(417)	(474)	(57)	(5,006)	(4,993)	13
<b>Total Recurrent Expenditure</b>		<b>(79,868)</b>	<b>(6,682)</b>	<b>(7,532)</b>	<b>(849)</b>	<b>(79,868)</b>	<b>(79,866)</b>	<b>2</b>
<b>Surplus / (Deficit)</b>		<b>(7,445)</b>	<b>(423)</b>	<b>174</b>	<b>597</b>	<b>(7,445)</b>	<b>(8,957)</b>	<b>(1,512)</b>
Impairment charge		-	-	171	171	-	171	171
Donated depreciation charge		245	-	27	27	245	251	6
Capital grant income		-	-	(425)	(425)	-	(425)	(425)
Donated items income		(5)	-	(225)	(225)	(5)	(225)	(220)
<b>Adjusted financial performance deficit including PSF, FRF and MRET funding</b>		<b>(7,205)</b>	<b>(423)</b>	<b>(279)</b>	<b>145</b>	<b>(7,205)</b>	<b>(9,185)</b>	<b>(1,980)</b>

### Review of Original Plan and Revised Plan

Income for the original plan totalled £72.4m realigned to £69.3m a reduction of £3.1m. The revised plan was favourable by £0.5m when removing the one off benefits which were not part of the revised plan. (Donated Asset income Dental Hub and Comprehensive income) This was mainly due to the negotiations of the year end deal and also a full review of other income.

Pay for the original plan totalled £52.4m realigned to £50.8m a reduction of £1.6m, at month 9/10 when the reforecast was agreed there was a significant underspend on pay due to the below plan activity levels. The one off adjustment of the annual leave accrual has masked a favourable YE pay position in a normal year. The annual leave accrual increase has arisen due to the COVID pandemic and staff not being able to take their leave.

Non Pay for the original plan totalled £22.4m realigned to £23m an increase of £0.6m This was due to the unachievement of CIP which was aligned to non pay areas. When removing the one off items which were outside the reforecast the achievement on non pay would have been c£0.5m favourable against plan.

The information submitted into this report is based on the Key Data submission supplied to NHS/E on the 20<sup>th</sup> of April. The Draft accounts will not be submitted until the 11<sup>th</sup> of May, any changes during this period will be updated to F&P and the Board. Full audited accounts will be completed by the 25<sup>th</sup> of Jun.

Due to the significant work undertaken and the drop in activity, the backlog of coding has now been removed. Work is underway to maintain this level of coding and weekly reviews are continuing with the external source being increased when appropriate. Now the Evolve project has completed plastics, this reduces the reliance on the diminished in house coding team to code paper notes. A full review of the scale of the coding team required and the way forward for the Trust is on-going and will be presented to F&P at a later date.

### YTD performance

The income position is under plan by £885k within patient activity income, improved markedly on previous months due mainly to Year-end deals with commissioners and income reclassification from Other income to Patients activity income in M12.

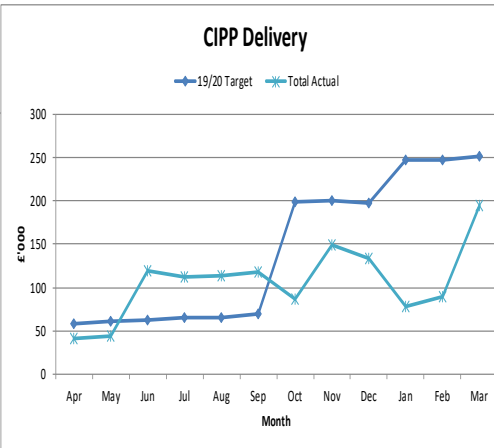
Patients activity income reported £4.6m (excluding CQUIN £706k) shortfall against the planned activity income. Pre current pandemic (M 1-10) patients care activity income was substantially behind the plan, for the financial year end overall Elective Income is £2.4m, Daycase income £1.4m, Outpatients income £1.1m and Emergency £934k behind their respective planned income partially offset by over performing exclusions income mainly within Sleep services.

The pay position is underspent by £1.66m YTD. Pay cost is underspent on all staff categories apart from medical. This has been partially offset by temporary staffing costs throughout the Trust. The Trust is materially above the agency ceiling for the period. The pay underspend is reflective of the non achievement of the activity levels included within this original plan.

The non-pay position is overspent by £1.67m resulting mainly from fixed assets impairments of £836k and £488k of Bad debts provision. Clinical supplies are overspent by £40k for the financial year end. This includes £0.42m due to PBR excluded devices pass through costs (Sleep devices/ Corneo grafts/ prosthesis). When excluded, Clinical supplies show an underlying underspend of £0.38m. This is partially due to activity related underspends within clinical supplies drugs and a greater achievement on procurement CIP's.

# Trust CIP Dashboard for the period to 31 March 2020

CIPP Delivery £'000						
Month	19/20 Target	Pay	Non-Pay	Income	Total Actual	Variance
Apr	58	9	33	0	42	(16)
May	61	9	35	0	44	(17)
Jun	62	9	111	0	119	57
Jul	65	12	101	0	113	48
Aug	66	24	90	0	114	48
Sep	70	30	88	0	117	47
Oct	199	18	68	0	87	(112)
Nov	200	-16	165	0	149	(51)
Dec	197	12	122	0	134	(63)
Jan	247	12	66	0	78	(170)
Feb	247	12	77	0	89	(158)
Mar	251	12	182	0	194	(57)
<b>Total</b>	<b>1,724</b>	<b>143</b>	<b>1,136</b>	<b>0</b>	<b>1,279</b>	<b>(445)</b>



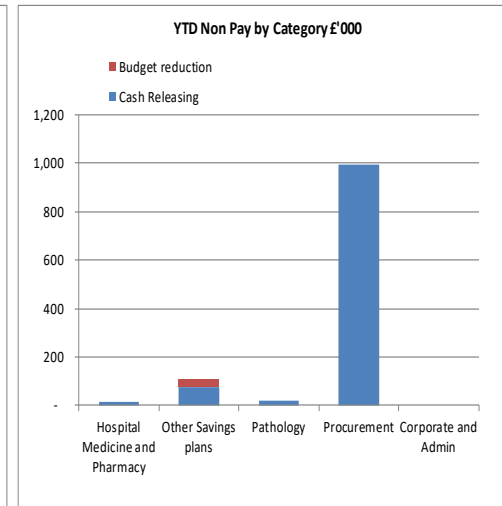
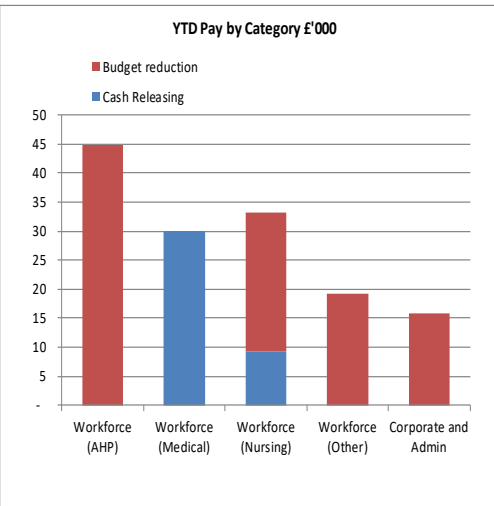
Summary Identified £'000			
Business Units	19/20 Target	Identified	Unidentified
Clinical Support	280	172	107
Eyes	72	59	13
Plastics	219	152	66
Sleep	72	72	0
Commerce & Finance	84	20	64
Human Resources	32	0	32
Oral	190	89	100
Nursing	279	171	109
Non Clinical	130	127	3
Infrastructure			
Perioperative Care	328	306	22
Access & Outpatients	30	30	(0)
Corporate	58	58	(0)
Reserves	(49)	0	(49)
<b>Total</b>	<b>1,724</b>	<b>1,257</b>	<b>467</b>



The Trust has finished the year with an CIPP performance of £1,279k against a target of £1,724k, an under-performance of £445k.

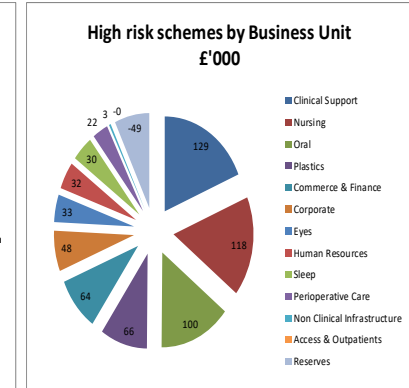
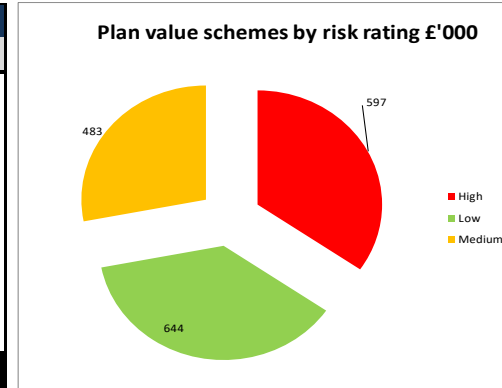
Whilst remaining unidentified CIPP and the under-performance of various schemes causes the overall negative variance, an improved in-month performance is driven by the identification and delivery of a non-recurrent scheme in the Oral Business Unit (relating to the resolution of a credit with ESHT) as well as the continued over-performance of the materials management consumables scheme.

Business Unit Summary YTD £'000			
Business Units	Target	Actual	Variance
Clinical Support	280	219	(61)
Eyes	72	39	(32)
Plastics	219	72	(146)
Sleep	72	72	0
Commerce & Finance	84	20	(64)
Human Resources	32	0	(32)
Oral	190	158	(32)
Nursing	279	187	(93)
Non Clinical	130	127	(3)
Infrastructure			
Perioperative Care	328	376	48
Access & Outpatients	30	0	(30)
Corporate	58	10	(48)
Reserves	(49)	0	49
<b>Total</b>	<b>1,724</b>	<b>1,279</b>	<b>(445)</b>



YTD Summary by Category £'000			
Category	Target	Actual	Variance
Pay (Skill mix)	75	75	(0)
Pay (WTE reductions)	140	68	(72)
Non pay	923	1,136	213
Income (Patient Care Activities)	119	0	(119)
Income (Other operating income)	0	0	0
Unidentified	467	0	(467)
<b>Total</b>	<b>1,724</b>	<b>1,279</b>	<b>(445)</b>

Budget Reduction - YTD Summary £'000			
Category	Target	Actual	Variance
Workforce (Other)	19	19	(0)
Workforce (AHP)	45	45	(0)
Workforce (Nursing)	39	24	(15)
Procurement	0	0	0
Other Savings Plans	52	34	(18)
Corporate and Admin	16	16	(0)
<b>Total</b>	<b>171</b>	<b>138</b>	<b>(33)</b>



# CIP Performance 2019-20

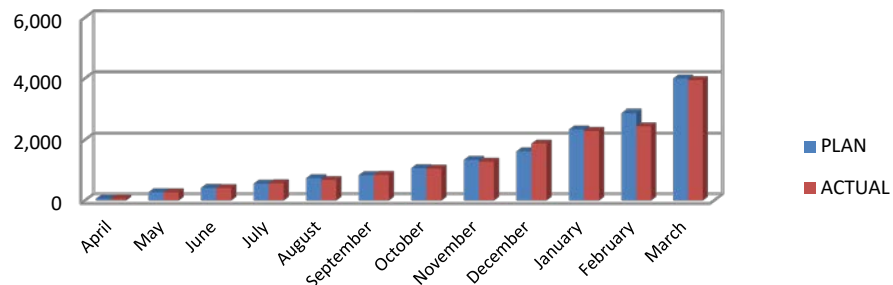
Recurrent / Non-Recurrent	Project	Plan	Actual	Variance
<b>non-recurrent</b>	Adalimumab biosimilar	10	14	4
	ESHT CSSD: review of invoices	41	41	0
	Sale of clinical equipment: diathermies	22	0	-22
	Sale of clinical equipment: Hilditch auction 1928	10	10	0
	Sale of clinical equipment: smoke units	6	0	-6
	Unidentified CIPP (additional as per 2.53% target) - Corporate balancing fig	-9	0	9
	MaxFax-ESHT Credit Notes	0	53	53
<b>non-recurrent Total</b>		<b>80</b>	<b>117</b>	<b>37</b>
<b>recurrent</b>	2 Way SMS Patient Access	11	0	-11
	A&C B5 - 0.5 wte saving	16	16	-0
	Budgetary Reductions to agree Op Plan at Start of FY	34	34	0
	Budgetary reductions to remove unidentified CIP	18	0	-18
	Burns - Clinical Educator B7 - reduce hours from 22.8 to 18	6	6	0
	Burns nursing skill mix review - reduction in HCA post	18	18	0
	Catering income generation	0	0	0
	CfS laser saving outsourcing	20	0	-20
	Corneo Nursing OPD B7 Matron reduced from 1.0wte to 0.6wte	15	0	-15
	Diep Packs	5	5	0
	Dietetics - rebanding 0.5WTE B7 to B6	4	4	-0
	Drapes	38	38	0
	Finger prosthesis	18	18	0
	Gowns	7	7	0
	Hand Therapy post	41	41	0
	HCA post reduction of 0.43 WTE	9	9	0
	Helon	11	11	0
	Homecare management fee	2	0	-2
	Loan Interest savings	20	20	0
	Mat Man consumables via NHSSC: £160k	158	454	296
	Medatitis	25	25	0
	Medical Additional PPs rationalisation	27	0	-27
	Medical Review	30	30	0
	Medway Diagnostic Charging	20	0	-20
	Mesh	14	14	0
	Net Savings for Synertec	10	0	-10
	OPD building lease	127	127	0
	Paediatric SLA review	41	41	0
	Procedure Packs	82	82	0
	Prosthetics establishment review: remove 1.00 WTE B4 MLA post	17	17	0
	Reduction in Professional Fees	20	20	0
	Reduction of chaplaincy staff	2	2	-0
	Release of staff to cover capital project without replacement	30	0	-30
	Resmed - 6 year contract	42	42	0
	Spoke sites - recharges out	97	0	-97
	Sutures	80	80	0
	Unidentified CIPP (additional as per 2.53% target)	569	0	-569
	Unidentified CIPP (additional as per 2.53% target) - Sleep balancing fig	-40	0	40
<b>recurrent Total</b>		<b>1,644</b>	<b>1,162</b>	<b>-482</b>
<b>Grand Total</b>		<b>1,724</b>	<b>1,279</b>	<b>-445</b>



# Capital – M12 2019/20

Month 12 - March 2020	Annual Plan £000s	YTD Actual £000s	Full Year Variance £000s
<b>Estates projects</b>			
Carried over from 2018/19:			
Emergency lighting	120	99	21
Other	180	158	22
2019/20 projects:			
Dental skills laboratory	450	423	27
Air handling / air conditioning	161	311	(7)
Other	160	16	1
<b>Estates projects</b>	<b>1,071</b>	<b>1,007</b>	<b>64</b>
<b>Medical Equipment</b>	<b>589</b>	<b>632</b>	<b>(43)</b>
<b>Information Management &amp; Technology (IM&amp;T)</b>			
Windows 10 implementation	692	669	23
Electronic Observations	335	334	1
Electronic Document Management	200	217	(17)
IP Telephony	-	16	(16)
PAS upgrade	190	194	(4)
Cyber security	446	450	(4)
Other	390	316	(2)
<b>Information Management &amp; Technology (IM&amp;T)</b>	<b>2,253</b>	<b>2,234</b>	<b>(19)</b>
<b>Total 2019/20 programme</b>	<b>3,913</b>	<b>3,873</b>	<b>40</b>
<b>Covid-19 expenditure</b>	<b>38</b>	<b>38</b>	<b>-</b>
<b>Total</b>	<b>3,951</b>	<b>3,911</b>	<b>40</b>

Cumulative Spend v Plan



## Summary

- The original 2019/20 capital plan was £2,668k. Up to February, additional funding of £1,296k had been allocated to QVH for specific projects. £51k of this for HR deployment systems was received very late in the year and in view of the Covid-19 situation it has been agreed to defer it until 2020/21. Total funding for 2019/20 was therefore £3,913k. There was an underspend against this target of £40k.
- Covid-19:** In addition to the normal capital programme, £38k was spent on preparations for QVH's changed role during the pandemic. This is will be reimbursed from central funds.
- Estates:** The underspend of £64k was mainly the result of delays to air handling projects in the Trauma unit and Eye Bank clean room. There were also substantial VAT recoveries from the 2018/19 capital programme.
- Medical Equipment:** Because of slippage elsewhere in the programme and lower than anticipated spending on some items, it was possible to bring forward a number of purchases proposed for 2020/21. This resulted in an overspend against plan of £43k.
- Plans for the major upgrading of the Trust's MRI and fluoroscopy facilities are delayed while the Covid-19 situation is resolved.
- The **IM&T** programme centred on the implementation of Windows 10, which was close to completion when IT resources were diverted to concentrate on the issues arising from Covid-19. Similarly, the Electronic Observations project and the upgrade of the PAS system were also almost complete. Work on the centrally funded cyber security project was completed by year-end.
- Total expenditure at the end of March**, excluding Covid-19 items, was £3,873k, 1% below the adjusted plan.
- Capital donations:** Capital donations during the year were:
  - QVH Charity - £178k (including £86k for hospital signage)
  - League of Friends - £52k (including £27k for the buildings element of the simulation theatre upgrade)



# Balance Sheet – M12 2019/20

Balance Sheet as at the end of March 2020	2018/19 Outturn £000s	Current Month £000s	Previous Month £000s
<b>Non-Current Assets</b>			
Fixed Assets	51,173	52,966	50,590
Other Receivables	-	-	-
<b>Sub Total Non-Current Assets</b>	<b>51,173</b>	<b>52,966</b>	<b>50,590</b>
<b>Current Assets</b>			
Inventories	1,275	1,153	1,144
Trade and Other Receivables	10,210	7,405	7,245
Cash and Cash Equivalents	3,944	2,910	1,792
<b>Current Liabilities</b>	<b>(13,164)</b>	<b>(12,231)</b>	<b>(12,600)</b>
<b>Sub Total Net Current Assets</b>	<b>2,265</b>	<b>(763)</b>	<b>(2,419)</b>
<b>Total Assets less Current Liabilities</b>	<b>53,438</b>	<b>52,203</b>	<b>48,171</b>
<b>Non-Current Liabilities</b>			
Provisions for Liabilities and Charges	(608)	(654)	(608)
Non-Current Liabilities >1 Year	(5,045)	(10,982)	(8,658)
<b>Total Assets Employed</b>	<b>47,785</b>	<b>40,568</b>	<b>38,905</b>
<b>Tax Payers' Equity</b>			
Public Dividend Capital	12,249	13,105	12,499
Retained Earnings	22,395	13,863	13,265
Revaluation Reserve	13,141	13,599	13,141
<b>Total Tax Payers' Equity</b>	<b>47,785</b>	<b>40,568</b>	<b>38,905</b>

NB Analysis is subject to rounding differences

## Summary

- The capital asset net value increase reflects the significant year end completion of capital projects and IT purchases and also incorporates a net decrease in value of £0.9m following the Land and Buildings revaluation exercise; and an increase of £2m being the recognition of the OPD leased asset value.
- Net current assets have decreased in year by £3m reflecting the current year income and expenditure deficit. This deficit is being supported by medium term cash loans from DHSC.
- Inventories: Stable this month. A full stock take was undertaken at year end and it is felt that the Trust has now reached the optimum stock levels.
- Trade and other receivables have remained stable this month.
- Cash has increased by £1.1m in month. Cash continues to be reviewed on a daily basis and interim loans arranged with the DHSC, as per the operating plan.
- Current liabilities have decreased by £0.4m this period.
- Non current liabilities: The Trust has received revenue support loan of £2m this month, bringing the total balance to £6.4m. The Trust has made repayment instalments on the theatre loan of £0.4m in June and December, with £5.0m principal remaining, of which £0.8m is treated as a current liability. This total also includes the lease asset liability of £0.3m for the OPD Pod.

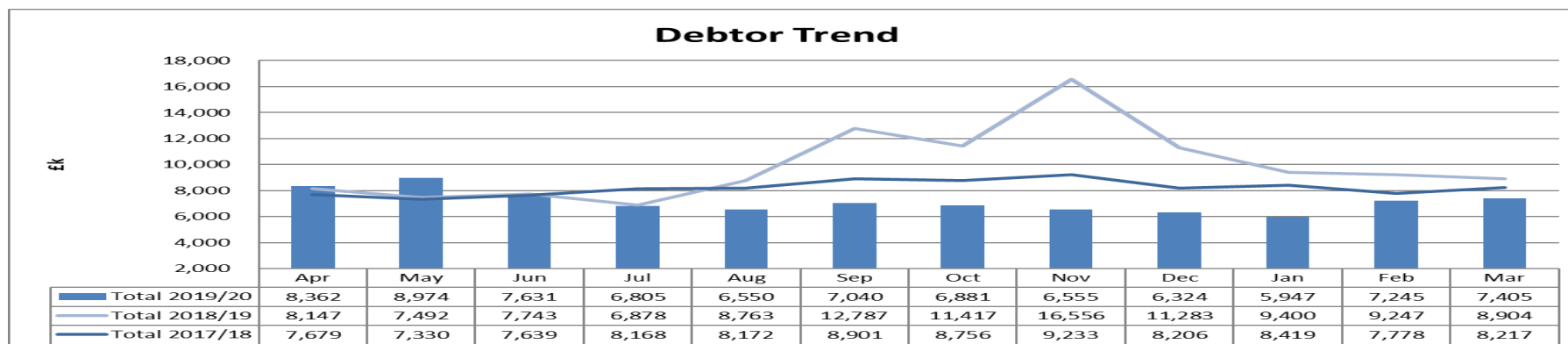
## Issues

- Sufficient cash balances are not being generated by the Trust to provide liquidity, service the capital plan or to meet future loan principal repayment obligations. Therefore it is necessary to borrow cash from the DHSC, as interim loans, to service liquidity requirements until the Trust achieves a net cash operating surplus position. The Trust will follow the revised national cash guidance for 20/21.
- NHSi DHSC Covid-19 central response actions will support and smooth the cashflow requirements over the next few months.

## Actions

- Further details of actions taken to ensure robust cash management processes are outlined on the debtor and cash slides.

## Debtors – M12 2019/20

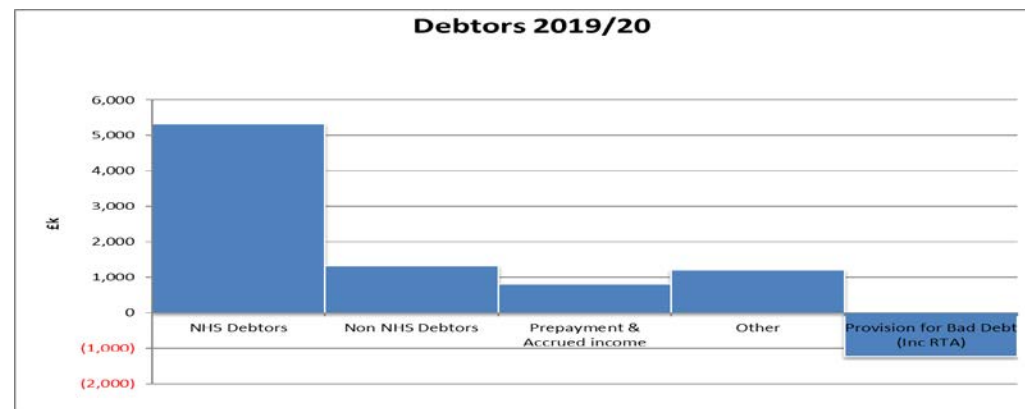


### Summary

- The debtor balance has increased by £0.16m (2%) from month 11. This is largely due to outstanding NHS England Month 12 SLA invoices totaling £2.0m at the month end, payment was received in April 2020.
- The month 12 debtor balance of £7.4m is 25% below the average monthly balance for 2018-19.
- At month 12 there is a total of £0.45m of accrued income for activity over-performance and NCAs. This is a decrease of £0.29m on last month.

### Next Steps

- Debtor management procedures have been revised and enhanced to support the cash position given current challenges



March Aged Debtors £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	3,570	(86)	20	1,935
Non NHS	757	7	17	474
<b>Total</b>	<b>4,328</b>	<b>(79)</b>	<b>37</b>	<b>2,409</b>

Change in Aged Debtors on the month £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	1,094	64	(55)	(724)
Non NHS	603	(10)	(71)	107
<b>Total</b>	<b>1,696</b>	<b>54</b>	<b>(126)</b>	<b>(616)</b>

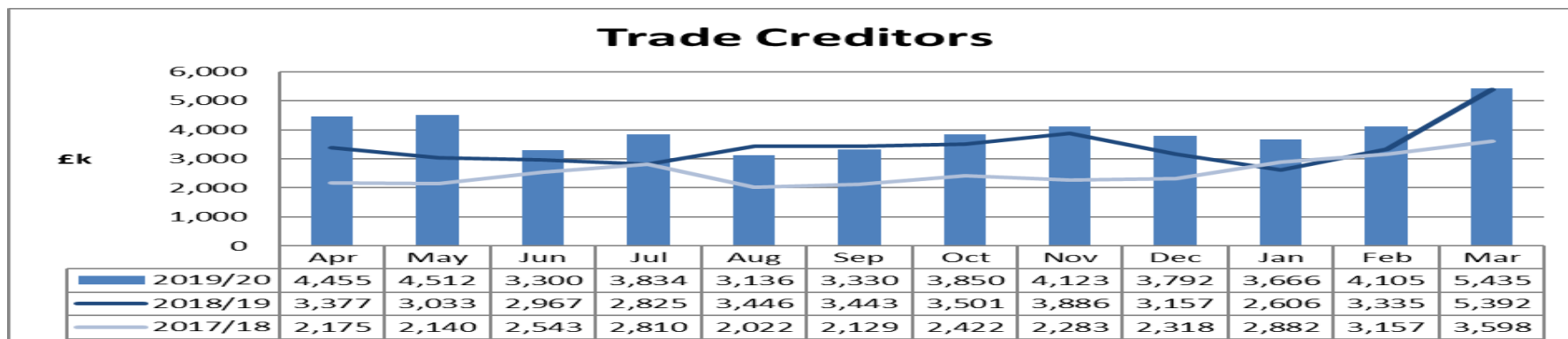
# Cash – M12 2019/20

Cash Flows 2019/20	Actual (£m)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Opening Balance</b>	<b>3.94</b>	<b>2.38</b>	<b>0.33</b>	<b>1.84</b>	<b>3.77</b>	<b>2.79</b>	<b>3.21</b>	<b>4.90</b>	<b>4.77</b>	<b>3.62</b>	<b>3.57</b>	<b>1.79</b>
Receipts from contract income	5.62	4.48	7.78	6.38	5.93	5.70	6.49	5.81	5.43	6.31	3.67	6.24
Receipts from other income	0.13	0.25	0.18	0.80	0.23	0.32	0.26	0.16	0.24	0.18	0.14	0.34
2018/19 PSF funding	-	-	-	0.53	-	-	-	-	-	-	-	-
E-Observation Funding from DHSC	-	-	-	-	-	-	-	-	-	-	0.25	-
PDC For Projects	-	-	-	-	-	-	-	-	-	-	-	0.61
Interim Cash Loans	-	-	1.24	0.65	-	1.00	1.00	0.50	-	-	-	2.00
<b>Total Receipts</b>	<b>5.76</b>	<b>4.73</b>	<b>9.20</b>	<b>8.35</b>	<b>6.16</b>	<b>7.02</b>	<b>7.76</b>	<b>6.47</b>	<b>5.67</b>	<b>6.49</b>	<b>4.06</b>	<b>9.19</b>
Payments to NHS Bodies	(0.33)	(0.34)	(1.11)	(0.40)	(0.70)	(0.32)	(0.14)	(0.41)	(0.34)	(0.58)	(0.15)	(0.36)
Payments to non-NHS bodies	(3.06)	(2.42)	(2.16)	(2.03)	(2.37)	(1.63)	(1.81)	(2.13)	(2.08)	(1.89)	(1.64)	(2.86)
Net payroll payment	(2.26)	(2.30)	(2.23)	(2.25)	(2.34)	(2.28)	(2.30)	(2.31)	(2.21)	(2.32)	(2.28)	(2.27)
PAYE, NI & Levy payment	(1.07)	(1.11)	(1.09)	(1.10)	(1.08)	(1.06)	(1.14)	(1.09)	(1.09)	(1.08)	(1.12)	(1.10)
Pensions Payment	(0.61)	(0.63)	(0.64)	(0.63)	(0.63)	(0.64)	(0.67)	(0.68)	(0.62)	(0.65)	(0.65)	(0.77)
PDC Dividends Payment	-	-	-	-	-	(0.67)	-	-	-	-	-	(0.70)
Theatre Loan Repayment	-	-	(0.47)	-	-	-	-	-	(0.46)	-	-	-
Interest On Working Capital Loan	-	-	-	-	-	-	-	-	(0.02)	(0.01)	-	(0.02)
<b>Total Payments</b>	<b>(7.32)</b>	<b>(6.78)</b>	<b>(7.70)</b>	<b>(6.42)</b>	<b>(7.13)</b>	<b>(6.60)</b>	<b>(6.07)</b>	<b>(6.61)</b>	<b>(6.81)</b>	<b>(6.54)</b>	<b>(5.83)</b>	<b>(8.08)</b>
<b>Actual Closing Balance</b>	<b>2.38</b>	<b>0.33</b>	<b>1.84</b>	<b>3.77</b>	<b>2.79</b>	<b>3.21</b>	<b>4.90</b>	<b>4.77</b>	<b>3.62</b>	<b>3.57</b>	<b>1.79</b>	<b>2.91</b>
<b>Forecast Closing Balance</b>												
<b>NHSI Plan</b>	<b>2.76</b>	<b>2.06</b>	<b>1.01</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.09</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
Variance to NHSi plan	(0.38)	(1.73)	0.83	2.77	1.79	2.21	3.81	3.77	2.62	2.57	0.79	1.91

## Summary

- The continuing deficit position results in the liquidity cash position having to be maintained through interim revenue support loans from the DHSC. These loan requirements were included in the NHSi operating plan for 2019-20. Guidance for 20/21 states that Trusts should not need revenue loan support in 20/21 due to revised cash regime, however until QVH has agreement of the FRF payment support, cash support will be required.
- The cash balance at the end of month 12 has a favourable variance of £1.91m against the original plan submitted to NHSi due to prudent cash reserve being kept for year end and April capital spend.
- The cash position will continue to be reviewed and managed on a daily basis, however cash flows are known for the next 4 months due to the block contract arrangement, at present, like all Trusts, QVH has been paid two months in April under the block contract arrangement.
- Further details of the potential national debt wipe off will be circulated in due course.

# Creditors – M12 2019/20



## Summary

- The trade creditors balance at month 12 is £5.4m compared to an average of £3.4m during 2018-19.
- There is an increase of £1.3m in month, due to receipt of a large number of high value invoices on the ledger. This balance will reduce as these invoices are authorised.
- The Trust's BPPC percentage has increased in month by 3% and the average days to payment increased to 19 days.
- Reviews will continue to target older NHS SLA balances with our key partner Trusts.

## Next Steps

- Financial services are continuing to review areas where invoice authorisation is delayed in order to target and support training needs.
- NHSI/E has released guidance to speed up payments in light of the Covid crisis. The team are working with all budget holder to clear invoices as quickly as possible.

Better Payment Practice Code (19/20) March	2018/19 Outturn No Invs	2018/19 Outturn £k	Current Month No Invs	Current Month £k	YTD No Invs	YTD £k
Total <b>Non-NHS</b> trade invoices paid	20,536	34,881	1,809	3,960	20,007	41,045
Total <b>Non NHS</b> trade invoices paid within target	16,989	30,487	1,598	3,702	17,187	36,510
Percentage of Non-NHS trade invoices paid within target	83%	87%	88%	93%	86%	89%
Total <b>NHS</b> trade invoices paid	920	5,323	96	367	1,033	5,074
Total <b>NHS</b> trade invoices paid within target	580	3,324	61	355	754	3,945
Percentage of NHS trade invoices paid within target	63%	62%	64%	97%	73%	78%

March 2020: Aged Creditors £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	950	485	44	1,806
Non NHS	2,318	149	78	266
<b>Total</b>	<b>3,267</b>	<b>634</b>	<b>122</b>	<b>2,072</b>

Change in Aged Creditors on the month				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	286	450	(91)	137
Non NHS	238	61	(100)	149
<b>Total</b>	<b>524</b>	<b>511</b>	<b>(191)</b>	<b>285</b>

# KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD

Date: 17<sup>th</sup> April 2020

## Strategic Objective

We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

## Risk

- Staff lose confidence in the Trust as place to work due to a failure to offer: a good working environment; fairness and equality; training and development opportunities ; and a failure to act on feedback to managers and the findings of the annual staff survey.
- Insufficient focus on recruitment and retention across the Trust leading to an increase in bank and agency costs and having longer term issues for the quality of patient care

**Risk Appetite** The Trust has a **moderate appetite** for risks that impact on Organisational Excellence . The engagement and motivation of the workforce, supported by evidence based research, will impact on patient experience

## Rationale for risk current score

- National workforce shortages in key nursing areas particularly theatres
- Generational changes in workforce, high turnover in newly qualified Band 5 nurses in first year of employment
- 2-3 years to train registered practitioners to join the workforce
- Over 40,000 nursing vacancies in England, circa 1,700 in SHCP
- managers skill set in triangulating workforce skills mix against activity and financial planning
- SHCP case for change supported by a workforce strategy
- NHS Interim People Plan published, action plan awaited
- Staff survey results and SFFT staff engagement have shown some improvement, and this has continued with the latest 2019 national staff survey results
- Addressing the reasons for retention is challenging as pressures on managers/leaders can lead to a reluctance to adopt new ways of working and support significant change
- Overseas nurses arriving starting to have a positive impact

## Initial Risk

3(C)x 5(L)=15, moderate

## Current Risk Rating

4(C)x 4(L)=16, major

## Target Risk Rating

3(C)x 3(L) = 9 moderate

## Future risks

- An ageing workforce highlighting a significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Developing new health care roles -will change skill mix
- Consultant contract negotiations may resume in 2019 unknown financial impact
- Unknown impact of system case for change
- Pension changes impacting particularly on senior medical staff now wishing to reduce PA's and restrict WLI activity
- Unknown impact of COVID-19 pandemic

## Future Opportunities

- Closer partnership working with Sussex Health and Care Partnership. This includes through LWAB whole system leadership and talent management initiatives , best place to work programmes and collaborative resourcing

## Controls / assurance

- more robust workforce/pay controls as part of business planning and weekly vacancy control
- Leading the Way, leadership development programme funded for a further year 2020/21
- All works streams captured in one People and OD Strategy 2019
- monthly challenge to Business Units at Performance reviews
- Investment made in key workforce e-solutions, TRAC, E-job plan ongoing, HealthRoster implemented, Activity Manager underway, capacity of workforce team improved
- Engagement and Retention plan actions ongoing, considerable improvements in some KPI's
- Overseas recruitment continues with nurses on site and most with PIN
- The Trust commissioned an external Well Led review and regularly updates the resulting action plan
- Work to finalise ESR hierarchy with ledger, now regularly aligned for reporting purposes
- Some positive gains from the 2019 NHS Staff survey results and SFFT
- Stay Well Team, health and wellbeing initiative established to support staff through the pandemic

## Gaps in controls / assurance

- Management competency in workforce planning
- Continuing resources to support the development of staff – optimal use of apprenticeship levy budget
- Continuing attraction and retention challenges in theatres **CRR1125, 1094, 1077, 1035**

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Trust Board				
<b>Meeting date:</b>	07/05/20	<b>Agenda reference:</b>		83-20	
<b>Report title:</b>	Workforce Report – April Report - March 2020 data				
<b>Sponsor:</b>	Geraldine Opreshko, Director of Workforce and OD				
<b>Authors:</b>	Felicity King, Workforce Services Manager Geraldine Opreshko, Director of Workforce				
<b>Appendices:</b>					
<b>Executive summary</b>					
<b>Purpose of report:</b>	<p>The Workforce and OD report for April 2020 ( March 2020 data) is provided in a different format due to the impact of the pandemic and changes to Committee meetings structure</p> <p>Workforce KPI's and trajectories are provided as usual. The main body of the report provides a narrative to place the KPI's in context and provides the Board with an overview of the impact of COVID-19 on different aspects of workforce activity</p>				
<b>Summary of key issues</b>	Improving trends in key workforce indicators are generally continuing and are likely to stabilise in some areas due to the pandemic with expected future declines in absence, MAST and appraisal KPI's				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the report				
<b>Action required</b>	Approval	<b>Information</b>	<b>Discussion</b>	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b>	<b>KSO2:</b>	<b>KSO3:</b>	<b>KSO4:</b>	<b>KSO5:</b>
<i>[Tick which KSO(s) this recommendation aims to support]</i>	<b>Outstanding patient experience</b> ✓	<i>World-class clinical services</i>	<i>Operational excellence</i> ✓	<b>Financial sustainability</b>	<b>Organisational excellence</b> ✓
<b>Implications</b>					
<b>Board assurance framework:</b>	<ul style="list-style-type: none"> <li>KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care</li> <li>Engaged and motivated staff deliver better quality care (KSO1)</li> </ul>				
<b>Corporate risk register:</b>	<ul style="list-style-type: none"> <li>Recruitment and Retention of staff in some areas</li> <li>Impact of pandemic on workforce availability</li> </ul>				
<b>Regulation:</b>	Well Led				
<b>Legal:</b>	n/a				
<b>Resources:</b>	Managed by HR/OD with support from finance and operations				
<b>Assurance route</b>					
<b>Previously considered by:</b>	Finance and Performance Committee				
	Date:	27/04/20	Decision:	Information	
<b>Next steps:</b>					



**Queen Victoria Hospital**  
NHS Foundation Trust

## **Workforce & Organisational Development**

### **Workforce Report – April 2020**

**(Data Reporting Period - March 2020)**



## KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019/20			Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Compared to Previous Month
Establishment WTE <i>*Note 1</i>				990.87	1000.54	1000.54	1000.54	1000.54	1000.54	1007.59	1007.59	1007.59	1007.59	1007.59	1007.59	1007.59	◀▶
Staff In Post WTE				874.06	886.85	885.27	885.00	887.06	889.53	890.03	896.27	897.82	893.60	891.18	901.25	914.01	▲
Vacancies WTE				116.81	113.69	115.27	115.54	113.48	111.01	117.56	111.32	109.77	113.99	116.41	106.34	93.58	▼
Vacancies %	>12%	8%<>12%	<8%	11.79%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%	11.05%	10.89%	11.31%	11.55%	10.55%	9.29%	▼
Agency WTE				36.77	34.44	34.47	34.06	33.40	28.17	23.73	16.06	12.88	15.25	15.53	13.27	13.72	▲
Bank WTE <i>*Note 2</i>				70.70	63.85	67.29	69.22	74.90	77.85	76.20	72.24	72.98	63.86	70.34	71.63	72.90	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	17.67%	15.74%	15.67%	16.25%	16.38%	16.42%	14.94%	14.79%	14.55%	13.49%	13.75%	13.65%	12.90%	▼
Monthly Turnover				1.61%	0.66%	1.10%	1.28%	1.09%	1.56%	1.33%	1.22%	0.85%	0.38%	1.48%	0.45%	0.96%	▲
12 Month Rolling Stability % <i>*Note 3</i>	<70%	70%<>85%	>=85%	82.86%	83.76%	84.04%	81.12%	83.40%	83.52%	82.12%	82.25%	81.95%	81.63%	80.99%	81.35%	85.53%	▲
Sickness Absence %	>=4%	4%<>3%	<3%	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	3.25%	3.41%	3.45%	3.01%	3.08%	TBC	▲
% staff appraisal compliant (Permanent & Fixed Term staff)	<80%	80%<>95%	>=95%	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%	84.62%	87.34%	87.94%	87.05%	86.44%	84.36%	▼
Statutory & Mandatory Training (Permanent & Fixed Term staff) <i>*Note 4</i>	<80%	80%<>90%	>=90%	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%	92.26%	91.75%	92.46%	92.11%	94.47%	92.35%	▼

<b>Friends &amp; Family Test - Treatment</b> Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment	Measure Extremely likely / likely %: Extremely unlikely / unlikely%	<b>2018-19 Quarter 4:</b> Of 182 responses: 96.15% : 1.09%	<b>2019-20 Quarter 1:</b> Of 126 responses: 97.62% : 1.59%	<b>2019-20 Quarter 2:</b> Of 189 responses: 97.35% : 1.06%	<b>2019-20 National Survey</b> Of 572 responses: 92% : 2%	<b>2019-20 Quarter 4:</b> Of 344 responses: 95.35% : 2.61%	Q2 19-20 & Q4 19-20 ▲ Responses ▼ Likely ▲ Unlikely
<b>Friends &amp; Family Test - Work</b> Quarterly staff survey to indicate likelihood of recommending QVH to friends & family as a place of work	Measure Extremely likely / likely %: Extremely unlikely / unlikely%	<b>2018-19 Quarter 4:</b> Of 182 responses: 73.62% : 13.73%	<b>2019-20 Quarter 1:</b> Of 126 responses: 74.60% : 14.29%	<b>2019-20 Quarter 2:</b> Of 189 responses: 71.73% : 12.07%	<b>2019-20 National Survey</b> Of 560 responses: 72% : 10%	<b>2019-20 Quarter 4:</b> Of 344 responses: 74.71% : 10.17%	Q2 19-20 & Q4 19-20 ▲ Responses ▲ Likely ▼ Unlikely

\*Note 1 -2019/20 Establishment updated in September 2019 with in year changes

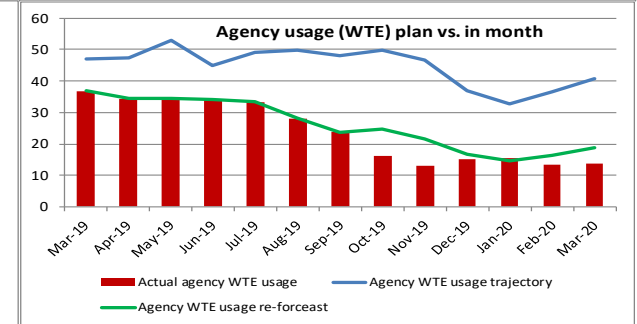
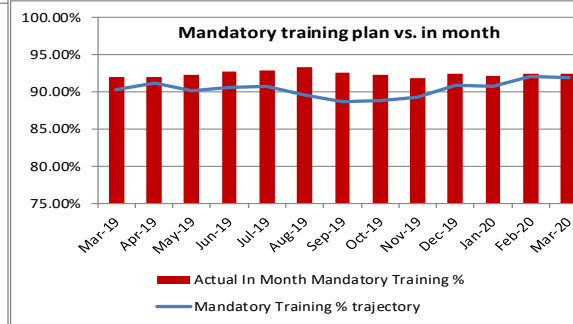
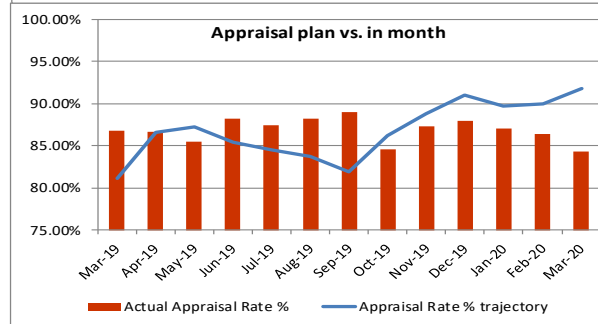
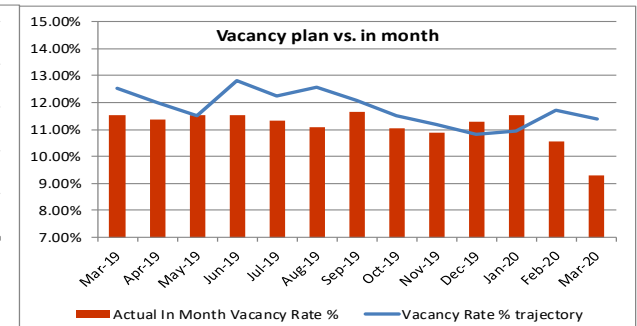
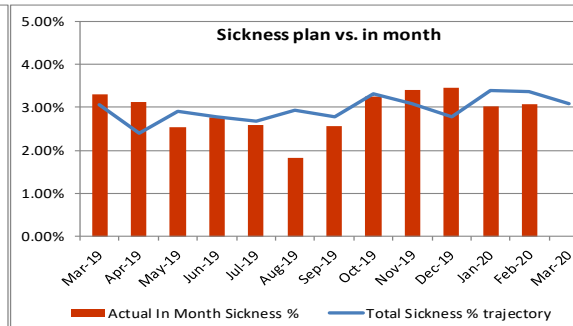
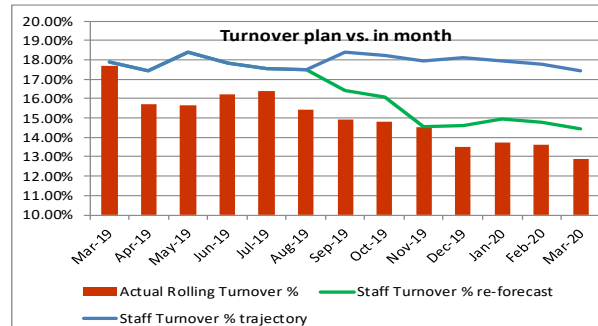
\*Note 2 - Bank WTE does not include extra hours worked by medical staff within establishment or overtime worked by all staff groups.

\*Note 3 - 12 month rolling stability index added as an additional measure. This shows % of employees that have remained in employment for the 12 month period.

\*Note 4 - RAG rating updated in June 2019 for Statutory & Mandatory Training. Compliance changed from 95% to 90% however, individual compliance remains at 100%

## Trajectories

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Staff Turnover %trajectory</b>	17.87%	17.42%	18.39%	17.86%	17.58%	17.50%	18.40%	18.26%	17.97%	18.13%	17.93%	17.80%	17.46%
<b>Staff Turnover %re-forecast</b>	17.87%	17.42%	18.39%	17.86%	17.58%	17.50%	16.40%	16.06%	14.55%	14.63%	14.93%	14.80%	14.46%
<b>Actual Rolling Turnover %</b>	17.67%	15.74%	15.67%	16.25%	16.38%	15.42%	14.94%	14.79%	14.55%	13.49%	13.75%	13.65%	12.90%
<b>Total Sickness %trajectory</b>	3.05%	2.40%	2.90%	2.79%	2.68%	2.92%	2.79%	3.31%	3.08%	2.78%	3.40%	3.37%	3.08%
<b>Actual In Month Sickness %</b>	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	3.25%	3.41%	3.45%	3.01%	3.08%	
<b>Vacancy Rate %trajectory</b>	12.54%	12.02%	11.52%	12.81%	12.24%	12.58%	12.08%	11.53%	11.19%	10.82%	10.93%	11.73%	11.39%
<b>Actual In Month Vacancy Rate %</b>	11.55%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%	11.05%	10.89%	11.31%	11.55%	10.55%	9.29%
<b>Agency WTE usage trajectory</b>	47.2	47.5	52.9	44.9	49.2	49.8	48.2	49.9	46.6	36.8	32.6	36.5	40.9
<b>Agency WTE usage re-forceast</b>	36.8	34.4	34.5	34.1	33.4	28.2	23.7	24.9	21.6	16.8	14.6	16.5	18.9
<b>Actual agency WTE usage</b>	36.8	34.4	34.5	34.1	33.4	28.2	23.7	16.1	12.9	15.3	15.5	13.3	13.7
<b>Appraisal Rate %trajectory</b>	81.16%	86.64%	87.20%	85.40%	84.55%	83.71%	81.89%	86.18%	88.76%	90.94%	89.64%	89.91%	91.81%
<b>Actual Appraisal Rate %</b>	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%	84.62%	87.34%	87.94%	87.05%	86.44%	84.36%
<b>Mandatory Training %trajectory</b>	90.23%	91.12%	90.07%	90.56%	90.70%	89.54%	88.70%	88.75%	89.31%	90.79%	90.68%	92.03%	91.96%
<b>Actual In Month Mandatory Training %</b>	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%	92.26%	91.75%	92.46%	92.11%	92.47%	92.35%



## April QVH Workforce Summary for March 2020 Data

### Context

Please note that in general the KPI's have not been negatively impacted by the pandemic in March. The sickness absence figures relate to February, so we will expect to see the impact in the March KPIs when they are available. We currently report daily (7 days) to NHSI/E on absence figures.

In general our assumptions are that we will see some stability in workforce figures (WTE, turnover, vacancy rate) and a decline in MAST, appraisal compliance and more complex sickness reporting requirements. The requirements for MAST have been relaxed nationally and there is an increased focus for us to deliver training via e-learning and study books. (Please see below)

### Headlines:

- Our staff in post is the highest seen at QVH with an end year position of 914.01wte and the year finished with a vacancy rate of 9.29%, our lowest in 6 years.
- There were 11.89 wte new starters in March including 1wte overseas nurse in Theatres, 1.61 wte HCA's, and 1.8 wte qualified nurses. There were 7.71 wte leavers including 0.51wte HCA and 0.51wte qualified nurse in Peri Op.
- Turnover (12 month rolling) reduced again to its lowest since November 2013 ending the year with a position of 12.90%. Our 12 month rolling stability increased to 85.53%. This means less people are leaving in the first 12 months of employment.
- Temporary staffing use (bank and agency) has increased slightly as expected for this time of year. Agency remained stable and increases were mostly seen in bank in nursing areas. This is mainly attributable to the bank usage related to the setting up of the COVID-19 community testing pod.
- Absence in **February** has increased slightly to 3.08% but still below our projected figure of 3.37%. Sleep have seen the biggest increase and Eyes have had the biggest decrease compared to last month. As expected at this time of year cold, cough and flu accounts for 25.2% (absence days) of sickness absence. Please note none of the cold, cough and flu absence this month has been attributed to COVID – 19.
- Appraisals have decreased this month to 84.36% from 86.44%. Biggest decreases were in Sleep, Oral and Director of Nursing, increases were seen in Eyes and Plastics.
- MAST remained stable at 92.35%. Increases were seen in Access and Outpatients and Plastics and decreases seen in Operational Nursing and Sleep.

- We continue to advertise vacancies as normal, although applicants have not surprisingly reduced, as it is important to maintain momentum where possible
- We have systems and processes set up for skype interviews, on line ID checks and successfully ran an AAC panel to appoint to three ortho plastic consultant posts, and a 4<sup>th</sup> locum to cover an impending vacancy
- Expected arrivals of overseas appointments to difficult to fill posts most notably in radiology and histopathology have been delayed.

### **Staff Friends and Family Test and Staff Survey**

Explicit work in these areas within the Trust have paused and nationally the SFFT has been deferred until later in the year. However, QVH had just completed the final quarter survey of the SFFT for 2019/20 and this is included in the bottom corner of the KPI page although not reportable nationally. We are pleased to report a high number of responses than usual, having piloted a different method of completion, and also supports (in fact improves on) the findings of the 2019 NHS Staff Survey.

### **Maintaining Mandatory and Statutory Training (MAST) (national guidance)**

At this time, all face-to-face training has been postponed with a few exceptions. However, we are encouraging staff to maintain Statutory and Mandatory Training via eLearning or other available methods. The following core MAST training is now available as eLearning training packages via My Portal on the ESR page. These include:

- Information Governance
- Infection Prevention and Control Level 1 and 2
- Fire safety awareness (must be completed in conjunction with the Fire Evacuation reading material)
- Health, safety and welfare
- Resuscitation Level 2 (Adults and Paediatrics)

Other MAST training that can be completed using eLearning includes:

- Moving and Handling Level 1 (including additional \*load handling handout)
- Equality and Diversity
- Mental capacity and Dols
- Preventing radicalisation

Additionally we have various other methods to maintain essential training at this time including:

- Moving and Handling Level 1: workbook and \*handout
- Conflict resolution: workbook
- Equality and Diversity: workbook
- Fire Evacuation: reading material
- Dementia Awareness: leaflet
- Medical Gases: video available on Qnet
- Emergency Planning: handout
- Blood transfusion: workbook
- Information Governance: workbook

Induction for new starters has been based on one to one input and a focuses on the above programmes and some additional input for clinical staff based on risk assessments.

Rotations of Junior Dr's have been postponed and we are waiting for news on plans for the much larger August rotation.

### Recruitment Update

With the current lockdown in place our international nurses are currently on hold, with one who is already at Medway arriving at QVH on 27 April. However as the OSCE's have all been put on hold she will be starting as an HCA until she can return to Medway and sit the OSCE. We have two nurses from Yeovil, one is currently working on a temporary registration and the other is waiting her decision letter from NMC so is still working as an HCA; again once the OSCE's are back up and running they will be booked to start as registered practitioners.

We have recently instructed Yeovil in the provision of an additional 6 nurses over the next 12 months, these will predominantly be theatre nurses and more information will be provided once the extension agreement has been finalised. This next cohort will be run slightly different with QVH having more ownership of offer information and intake days to make it easier for the services receiving the nurses.

### Returners to the NHS to support the pandemic

We are currently working on information provided by Health Education England with the return to practice of a number of doctors, nurses and therapists; to date 2 nurses will be appointed to QVH with no doctors and no therapists that have been found to be suitable to our service provision as yet. Much of the information provided to us has been sketchy and based on geographical location rather than a focus on speciality. For example sending us details of midwives based on their home base.

Alongside the HEE work we have had a great uptake from local residents wishing to return to work at QVH as HCA's and nurses including some that have recently retired or gone to work elsewhere; with 19 currently being processed (majority of which are HCA's) and 5 already registered on the bank and on the texting service to receive shifts when they become available.

### COVID-19 March Summary

In March following national guidelines the Trust gave guidance to managers on how to report COVID-19 related [absence](#) on our HealthRoster system which started week commencing the 9<sup>th</sup> March 2020. Initially managers had been advised to record all absence including isolation as sickness. Indicative figures for March 2020 sickness absence is 5.68% with 2.44% being COVID-19 related. Guidance has since been updated and we will be reviewing and manually correcting any incorrectly inputted COVID absence which would affect the reported sickness absence percentage.

Initial absence was high with a greater number of people in 'self-isolation' for 14 days, mostly due to a family member. The majority of these have returned to work and absence has improved and stabilised at time of writing. Also many were working at home when isolating and were not reported as 'absent' as they were deemed to be working.

The Trust has robustly promoted [social distancing](#) which has meant that many teams have been working from home on a rota basis where offices are not suitably laid out.

There has also been a joint piece of work between [workforce and IT](#) to support as many people as possible who can work from home to do so. The initial focus was on those that fell into the 'vulnerable' category as defined by Public Health England and those that received a 12 week shielding letter from NHSE and as many corporate and support functions as possible.

We are utilising the drive through [staff testing](#) at Gatwick. Numbers are fairly low going through and the majority of tests are for family members of staff rather than staff themselves.

To support the mobility of staff across our system we now have [two MOU's](#) in place. The first was agreed with all NHS Provider workforce directors across the Sussex Health & Care Partnership and the second agreed between QVH and the McIndoe/Horder to support our new operating model to enable free

movement of staff caring for patients across the two sites. Honorary contracts are in place for consultants coming from Kent and Surrey Trusts to operate on our sites.

There have been a number of temporary flexibilities introduced to [national terms and conditions](#) for the duration of the pandemic and these have been communicated through regular workforce briefings to all staff.

### Health and Wellbeing

We have placed a big focus on this very important topic. We know that a lot of the workforce are suffering from stress and anxiety based on fear of being ill. We have established the [Stay Well](#) initiative for QVH, having developed our own logo for the duration of the pandemic and taken allocated space on QNET.

The virtual Team is made up of senior psychological therapists, OH, workforce advisory team and OD with leadership from the Director of Workforce and OD. The unique email address is for anyone to email in confidentially. Monday to Friday within a matter of hours we will provide support to anyone who needs it.

We have also been awarded £10,000 from HEE to invest in any wellbeing initiatives. We have a campaign of ongoing themes to promote to the workforce based on easy to read infographic styles; links to the national and regional NHS wellbeing initiatives and helplines; a series of educational webinars, TED talks and links to understanding COVID-19.

We have also identified a space (a room in the education centre) which is being set up as a Stay Well quiet space for any member of staff to access with comfortable seating, cosy environment and lots of resources and tips. This room also has easy access to an outside area.

At time of writing a number of staff have accessed this specific support which is in addition to CareFirst and Occupational Health.



-ENDS-



## Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	07 May 2020	Agenda reference:		84-20	
Report title:	NHS Provider Licence Conditions				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Authors:	Clare Pirie, Director of communications and corporate affairs Michelle Miles, Director of finance and performance Hilary Saunders, Deputy company secretary				
Appendices:	None				
Executive summary					
Purpose of report:	The Board is required to self-certify that it is assured that it has complied with the NHS Provider Licence and NHS Acts, and has had regard to the NHS Constitution.				
Summary of key issues	The Board is asked to <b>CONFIRM</b> that:: <ul style="list-style-type: none"> <li>It has complied with the NHS provider licence condition</li> <li>It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))</li> <li>It has complied with required governance arrangements (Condition FT4(8))</li> <li>It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3) over the next financial year but specific factors may cast may doubt on this</li> </ul>				
Recommendation:	The Board is asked to approve the Trust's self-certification statement				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	<b>KSO1:</b> <i>Outstanding patient experience</i>	<b>KSO2:</b> <i>World-class clinical services</i>	<b>KSO3:</b> <i>Operational excellence</i>	<b>KSO4:</b> <i>Financial sustainability</i>	<b>KSO5:</b> <i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	<ul style="list-style-type: none"> <li>NHS Provider Licence</li> <li>NHS Acts</li> <li>NHS Constitution.</li> </ul>				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
Next steps:	Publication of self-certification statement to QVH website <ul style="list-style-type: none"> <li>G6/CoS7 before 31 May 2020</li> <li>FT4 before 30 June 2020</li> </ul>				

**Report to:** Board of Directors  
**Meeting date:** 07 May 2020  
**Reference number:** 84-20  
**Report from:** Clare Pirie, Director of communications and corporate affairs  
**Authors:** Clare Pirie, Director of communications and corporate affairs  
Michelle Miles, Director of finance and performance  
Hilary Saunders, Deputy Company secretary  
**Appendices:** N/A  
**Report date:** 30 April 2020

### **NHS Provider licence conditions**

#### **1. Introduction**

- 1.1. The Board is asked to sign off that it is assured that it has complied with the NHS Provider Licence and NHS Acts, and has had regard to the NHS Constitution.
- 1.2. NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

#### **2. What is required**

- 2.1. Providers need to self-certify the following after the financial year end:
  - That it has complied with the NHS provider licence condition
  - The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
  - The provider has complied with required governance arrangements (Condition FT4(8))
  - If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service (Condition CoS7(3))
- 2.2. It is up to providers how they carry out this process. Any process should ensure that the provider's board understands clearly whether or not the provider can confirm compliance.

#### **3. QVH self-certification**

- 3.1 The Board is asked to **confirm** that it supports a compliant self-declaration on all items as follows:

- 3.1.1 Condition G6 requires NHS foundation trusts to have processes and systems that:
- a) identify risks to compliance
  - b) take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.
- 3.1.2 Condition FT4 requires that NHS foundation trusts certify compliance with required governance standards and objectives.
- 3.2 Condition CoS7 only applies to NHS foundation trusts designated as providing commissioner requested services (CRS).
- 3.3 Commissioner requested services are services commissioners consider should continue to be provided locally even if a provider is at risk of failing financially and which will be subject to regulation by NHS Improvement. Providers can be designated as providing CRS because:
- there is no alternative provider close enough
  - removing the services would increase health inequalities
  - removing the services would make other related services unviable.
- 3.4 QVH is commissioned by NHS England to provide the following specialised services which have commissioner requested service designation:

Trauma and Head

- D/06/S/a Specialised Burns Care
- D/10/S/a Specialised Orthopaedics (Adult)
- D/12/S/a Specialised Ophthalmology (Adult)
- D/12/S/b Specialised Ophthalmology (Paediatrics)

Women and Children

- E/02/S/a Paediatric Surgery: Surgery (and Surgical Pathology, Anaesthesia and Pain)

The template requires CRS-designated foundation trusts to select 'confirmed' for one of three declarations about the resources required to provide designated services:

- a) the required resources will be available over the next financial year
- b) the required resources will be available over the next financial year but specific factors may cast may doubt on this
- c) the required resources will not be available over the next financial year.

Required resources include: management resources, financial resources and facilities, personnel, physical and other assets.

Only one declaration should be confirmed (and providers do not need to state the other two are not confirmed). Providers should explain the reasons for the chosen declaration in the free text box provided.

The Director of Finance has recommended that QVH should confirm option b, that is that the required resources will be available over the next financial year but specific factors may cast may doubt on this. The reason for this is that the QVH burns service does not meet the national specification and the trust is in a

deficit position; both these factors are well understood by commissioners and regulators.

- 3.5 Providers must review whether their governors have received enough training and guidance to carry out their roles. There is no set requirement for this, it is left to the discretion of the trust how this is delivered. In July 2019, arrangements were made for newly appointed governors to join the Trust's two-day induction. In the same month, they were also invited to attend a half day induction programme specifically focusing on their role as governor. This included a module aimed at helping governors understand the role of the NED to support them in carrying out their main responsibilities of holding the non-executive directors individually and collectively to account for the performance of the Board of Directors. In November 2019, as part of contributing to the development of the Trust's forward plans, Council also received a presentation by the Chief Executive on the Trust's strategy which outlined the financial, performance and workforce challenges the Trust was facing and also its plans to work towards developing a group model with Western Sussex Hospitals NHS FT and Brighton and Sussex University Hospitals NHS Trust.

The Trust is assured that the training in place supports Council in meeting its duties and that the induction programme, the lead governor system, *Governors' Monthly Update* publication and the AGM/AMM all contribute to this.

#### 4. Recommendation

The Board is asked to **CONFIRM** that:

- 4.1 It has complied with the NHS provider licence condition
- 4.2 It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
- 4.3 It has complied with required governance arrangements (Condition FT4(8))
- 4.4 It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but specific factors may cast may doubt on this

## Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	7 May 2020	Agenda reference:		85-20	
Report title:	Audit Committee Assurance update				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 18 March 2020				
Summary of key issues	The Committee received updates on internal audit, the external audit planning process, counter fraud and waivers.				
Recommendation:	The Board is asked to <b>NOTE</b> the contents of this report.				
Action required	Approval	Information	Discussion	<b>Assurance</b>	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i> √	<i>World-class clinical services</i> √	<i>Operational excellence</i> √	<i>Financial sustainability</i> √	<i>Organisational excellence</i> √
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	None				

**Report to:** Board of Directors  
**Meeting date:** 7 May 2020  
**Reference number:** 85-20  
**Report from:** Kevin Gould, Chair  
**Author:** Kevin Gould, Chair  
**Appendices:** N/A  
**Report date:** 29 April 2020

**Audit Committee report**  
**Meeting held on 18 March 2020**

1. The Committee reviewed and approved its workplan for 2020/21.
2. KPMG provided its update and progress report for the 2019/20 audit. No significant issues have been raised to date during the interim audit. As in the previous year, work on Going Concern and the VfM report will be a priority and the Board will need to consider the specific disclosures required in its annual report. The approach to valuation of Land & Buildings was also considered and will need to be considered by the Board prior to publication of the Annual Report. The timetable was discussed, but this has been superseded by events following the meeting.
3. The Internal Audit Plan for 2020/21 was considered and approved. It was noted that the plan for later in the year would need to be reviewed and updated to take account of changing priorities.
4. RSM presented an update on the Internal Audit plan. Five reports had been completed since the previous meeting:
  - Risk management and risk culture (substantial assurance, no High priority actions)
  - Financial systems and payroll (reasonable assurance, no High priority actions)
  - Theatre management (reasonable assurance no High priority actions)
  - Consultant job planning (partial assurance, 3 High priority actions)
  - Data security protection toolkit (advisory, no High priority actions)

The committee focused on the Consultant job planning audit, and will monitor resolution of the agreed actions.

5. The Committee received a report on the progress of Counter Fraud activity.
6. The Counter Fraud work plan for 2020/21 was considered and approved.
7. The Committee received draft annual reports for Internal Audit and Counter Fraud.
8. The Committee received a report providing an overview of the waivers submitted during the financial year 2019/20 to date. The Committee again expressed concern at both the volume and value of the waivers approved in the last quarter, and asked for a further update before the next meeting. This to be included in the 2020/21 internal audit plan.

There were no other items requiring the attention of the Board.